Wholistic Health of Keewatin Yatthé Health Region Residents

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This Annual Report is also available on the internet at:

www.kyrha.ca

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"Wholistic Health

of

Keewatin Yatthé Health Region Residents"

Letter of Transmittal

To: Honourable Don McMorris

Minister of Health

Dear Minister McMorris,

The Keewatin Yatthé Health Regional Health Authority is pleased to provide you and the residents of the health region with its 2008-09 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2009.

Last February, a new Board was formed under your administration – the board now consists of three returning members and four new members. As one of the new members, I can honestly say that there is much to learn, but together with my fellow board members, we want to thank you for the honour of representing our communities and region and serving our people in this way. I also want to take this opportunity to acknowledge the work that the former Board has done and the good foundation that they have laid for Keewatin Yatthé. We continue to remain committed to the mission of "Wholistic Health of Keewatin Yatthé Health Region Residents".

Respectfully submitted,

Georgina Jolibois

Chairperson

MESSAGE FROM THE CEO

2008-09 Reflections

I believe that for the Keewatin Yatthé Regional Health Authority, the past year has been heavily influenced by our participation in Health Quality Council's Accelerating Excellence Program – Quality as a Business Strategy in particular. Through this program, KYRHA leadership have been challenged to step away from our very hectic and demanding environments, and come together with leaders in the field of health services delivery from across the province to learn together about integrating quality into our organizations. We have had opportunities to meet representatives from health systems around the world and saw that through their courage and ingenuity, brought transformational change to their health delivery systems, significantly addressing health disparities, improving the health status of the people in their care.

Why do we need change? What is quality? What motivates leaders and the people in their organizations to invest such time, energy, and money into quality improvement? These are deep questions that need sincere reflection. As KYRHA comes together through opportunities like the Quality and Performance Improvement Committees (part of our Accreditation initiatives) we are able have these honest times of reflection so we can ask ourselves: How are we doing? What are our strengths that we could build on? What are our weaknesses that must be addressed, how will we practically address these weaknesses, and what measurements are in place so we can assess if we have addressed the issues and concerns?

Keewatin Yatthé RHA has a great mandate: the Wholistic Health of Keewatin Yatthé Health Region Residents. Our team to accomplish this honourable task is diverse – in a region that is predominantly First Nations and Métis, we have a truly representative workforce with over 75% of our staff self-declared as First Nations or Métis people. We also have health professionals from all around the world – countries such as South Africa, Ghana, Nigeria, the Philippines, European nations, and this year, we welcomed our first nurses from the country of India. I believe that we have a good team of people who are committed to excellence in their fields of profession, bringing much needed services to our people, and with some help, I know that we can find amongst ourselves many of the answers to addressing the needs in our health region.

Heading the list of principles highlighted in the Strategic Plan of the RHA is this: ***we will show respect for everyone as the foundation for working together.*** Respect is a significant part of achieving "wholistic health" in our health region: respecting our selves so we live healthy lifestyles physically, emotionally, mentally, and spiritually; respecting the people and land around us so our actions don't cause harm, but good; KYRHA staff respecting the organization of their employment so that they serve with integrity every day; KYRHA Board and Sr. Management team respecting the people employed in the RHA and our region residents by true

commitment to ***excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills and attitudes of our staff, and advocating for standards of care and range of services that will not be less than any other health region in Saskatchewan and Canada.***

The KYRHA General Orientation was reviewed this year to assess strengths and areas for improvement. A decision was made to redevelop our General Orientation so that new employees are better integrated into the RHA and also better informed about patient safety, and quality of care, and patient satisfaction. It is important that our employees recognize that as a service provider, we are like a business, and as businesses have customers that they need to provide good customer service for, so also are our patients the customers that we need to provide good service for. A paradigm shift to treating KYRHA as a business and seeing patients as 'customers' will improve our standards of service and corporate operations.

We appreciate the support of the Ministry of Health and were very pleased to welcome to our region Associate Deputy Minister Gren Smith-Windsor and Kari Harvey - Executive Director, Capital and Regional Services Branch. We were encouraged with the support which the Ministry has shown through this visit to our region. We are also appreciative of the support of the Northern Health Strategy, of our fellow northern RHA's (Mamawetan Churchill River RHA and Athabasca RHA), and the Municipal leaders and our many partners and stakeholders in the region and across the province. Saskatoon Health Region, Prairie RHA, and Prince Albert Parkland RHA have consistently assisted us in meeting the needs of our region residents in times of crisis. Through the support we have been given, we are able to carry what can at times be great burdens.

We continue to remain committed to continuous quality improvement because building on the strengths of our people is at the very foundation of Keewatin Yatthé RHA.

Sincerely,

Richard Petit

Richard Petit

Who We Are

Keewatin Yatthé Regional Health Authority (KYRHA) administers an integrated health care delivery system to a geographical region that encompasses approximately ¼ of the province of Saskatchewan.

Located in the boreal forests of the northwest region of the province, the land is rich in history and culture, and blessed with many natural resources. For generations, many people have come to the region to experience its year round natural beauty as well as the wide variety of cultural experiences, sporting activities and events, and a lifestyle that is unique to the north.

KYRHA takes pride in accepting the immense challenge of caring for people located in communities which are scattered throughout vast stretches of the region's lake-laced forestland. Through community offices, clinics, and health centres located in 11 municipalities, our team of 350 employees have accomplished ground-breaking initiatives over the years to better serve a population of approximately 12,000 region residents who are of predominantly Cree, Dene, and Métis heritage.

Mandate

We believe that ultimately we are all accountable to the Creator for our actions and that our spiritual development is contingent upon the relationship between the individual and the Creator. Within this context, the mandate of KYRHA comes from:

- Legislation (relevant provincial and federal legislation)
- Ministry of Health and its policies and procedures
- Community (the community mandate is illustrated in the priority issues as defined by the community in 1998/99)
- The partnerships that are developed by the Regional Health Authority

- We will support, strengthen, and build upon the skills, knowledge, and energy of our board members, our staff, and the people of the region so that we can all work towards our full health potential.

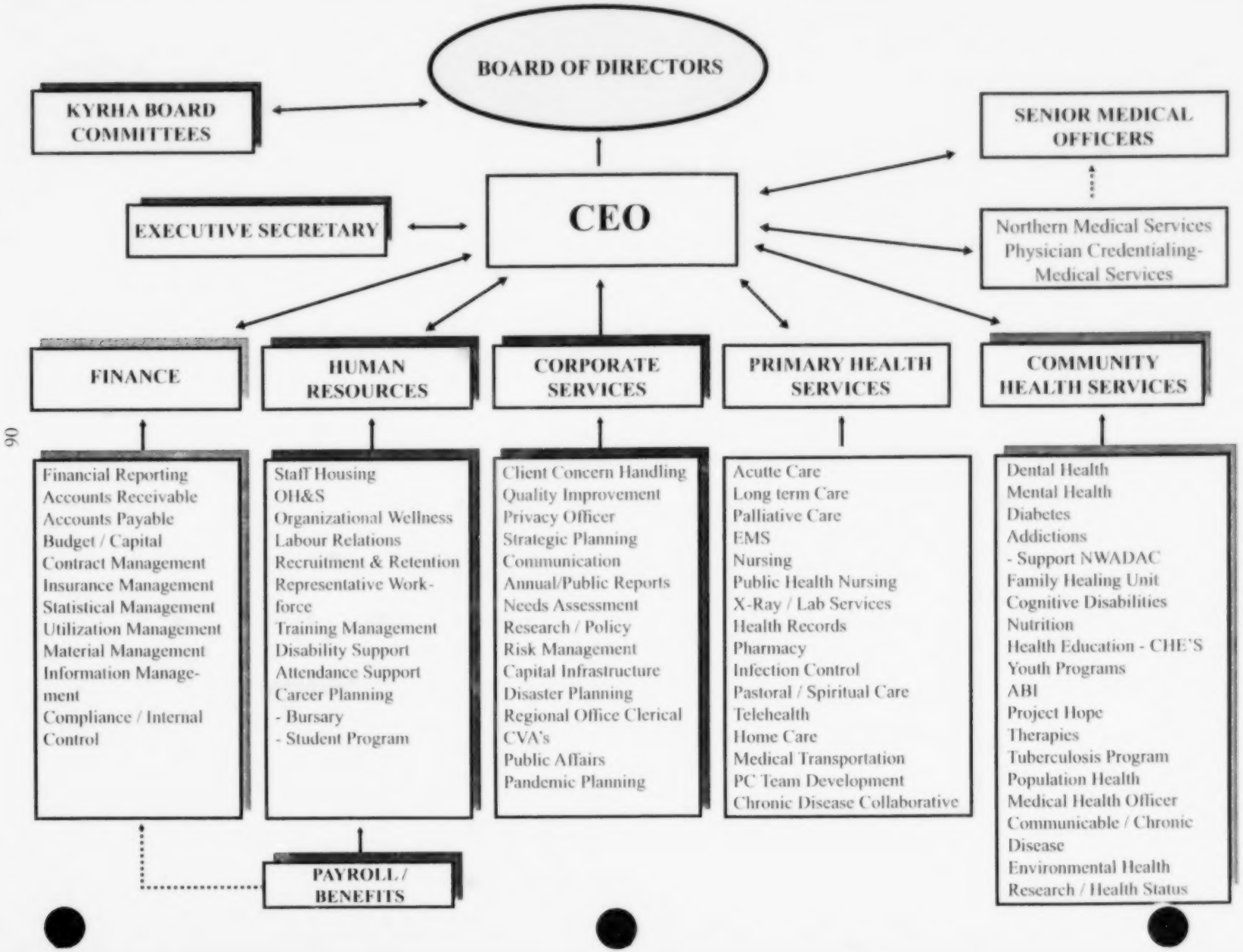
- We will build upon our strengths, we will remediate our weaknesses, and we will not violate our potential.

Principles

We believe that adults are responsible for their own health supported by their extended family and local community. We believe that the role of the Regional Health Authority is to assist individuals, families, and communities to develop the knowledge, skills, abilities, and resources to carry out this responsibility. **In carrying out our role, the Keewatin Yatthé Regional Health Authority will act in accordance with the following principles:**

- We will show respect for everyone as a foundation for working together.
- We will focus on healthy communities by emphasizing those factors that build healthy individuals and families.
- We will focus on healing in our own lives and in the individuals, families, and communities in our region.
- We will recognize in our programs, services, and activities, that a significant component of wholistic healing is the healing of our spiritual lives and will support individual and family approaches to spiritual healing.
- We will strive to create an attitude of responsibility and self-reliance in our people, our families, and our communities.
- We will strive to meet the needs of all our people in our decisions, our programs, and our activities.
- We will do our best to encourage and support the healing initiatives of our people, families, and local communities.
- We will support community caring and other traditional strengths in our programs and activities.
- We will utilize the skills, talents, and abilities of local people as much as possible in all initiatives, programs, and activities.
- We will build on our existing community-based services.
- We will strive for excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills, and attitudes of our staff. We will insist that our standards of care and range of services will not be less than nay other health region in Saskatchewan and Canada.
- We will remain committed to the continuing development and enhancement of a Northern Health Strategy in cooperation with our northern health partners that enhance outcomes for people at the local level.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY **ORGANIZATIONAL CHART JULY 2008**



Board of Directors

March 2008 – January 2009

- David Seright, *Buffalo Narrows*
  Chairman of the Board
- Mayor Duane Favel, *Ile-a-la-Crosse*
  Vice-Chair of the Board
- Gloria Apesis, *Patuanak*
- Arthur Daigneault, *Buffalo Narrows*
- Lester Herman, *La Loche*
- John Janvier, *La Loche*
- Stella Laliberte, *Beauval*
- Annette Montgrand, *La Loche*
- Dorah Montgrande, *Dillon*
- Yvette-Marie Morin, *Ile-a-la-Crosse*
- Irene Pederson, *Buffalo Narrows*
- Tina L. Rasmussen, *Green Lake*

February 2009 – Present

- Mayor Georgina Jolibois, *La Loche*
  Chairperson of the Board
- Tina L. Rasmussen, *Green Lake*
  Vice Chairperson of the Board
- Gloria Apesis, *Patuanak*
- Elmer Campbell, *Dillon*
- Mayor Duane Favel, *Ile-a-la-Crosse*
- Barbara Flett, *Ile-a-la-Crosse*
- Mayor Robert Woods, *Buffalo Narrows*

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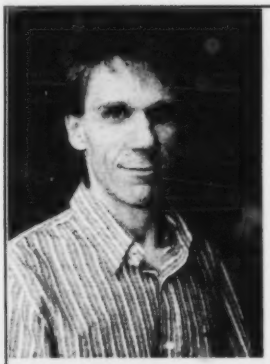
L-R: *David Seright, Tina Rasmussen, Arthur Daigneault, Richard Petit*

In appreciation of the contributions of KYRHA former Board members, a recognition plaque and the gift of a wall clock was presented by Tina Rasmussen and Richard Petit. In this photo, David Seright and Arthur Daigneault accept their presentations at the Annual Staff Recognition Awards Ceremony.

Senior Management Team

Jolene Hanson, *Executive Secretary*

The Executive Secretary provides Secretarial support to the Senior Management Group and the Board, including but not limited to handling all correspondence, assembling of confidential briefing materials, liaison on behalf of Managers and Board members within the Region and with outside organizations (SAHO, etc.), and arranging meetings.



Mark Cook, *Director of Finance*

The Director of Finance reports to the CEO, of the Keewatin Yatthé Regional Health Authority (KYRHA), and is responsible to the CEO for establishing, recommending, and monitoring the financial direction of all operations under KYRHA jurisdiction. The Director of Finance ensures adequate funding is obtained and expenditures monitored in collaboration with Senior Management. The Director of Finance advises the CEO and Board in consultation with the matters pertaining to the overall finances and is responsible to the CEO for the management, supervision and coordination of financial services.

The Director of Finance works closely with the CEO, Board, and Senior Management in assessing financial needs, developing short and long range budgets and manage the department in accordance with the vision, mission, goals and objectives of the Keewatin Yatthé Regional Health Authority (KYRHA) utilizing a participatory management approach.

Wendy Ericson-Lemaigre, *Director of Human Resources*

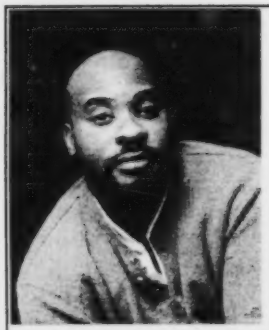
The Director of Human Resources is accountable for overseeing the development, evaluation, implementation and maintenance of policies and programs pertaining to Human Resources, Labour Relations and Occupational Health and Safety. Policies and programs should enable the Regional Health Authority to attract, develop and retain high caliber employees. Incumbent will also be required to provide leadership in capital operations planning.

Rowena Orcajada Materne, *Director of Corporate Services*

The Director of Corporate Services is accountable to the CEO and is accountable for the planning, developing, organizing, coordinating, implementing, delivering, evaluating and reporting for the Keewatin Yatthé Regional Health Authority. The Director may assume the responsibilities of the CEO in her/his absence.

The Director of Corporate Services works closely with the CEO, Board, and Senior ManagementTeam in assessing program needs, developing short and long range operational plans, budgeting for same, and establishing standards to ensure consistent high quality services in accordance with the vision, mission, goals and objectives of the KYRHA and Provincial health goals.

The Director of Corporate Services acts as a resource to the Chief Executive Officer, the Board, and other committees, providing information and guidance.



Zachery Solomon, *Director of Primary Health Services*

The Director of Primary Health Services reports to the CEO and has responsibility for primary health services within the region. The Director advises the CEO and Board on matters pertaining to the overall quality of care delivered to clients, and is responsible to the CEO for the management, supervision and coordination of these services.

The Director works closely with the CEO, Board, and Senior Management Team in assessing program needs, developing short and long range operational facilities plans, budgeting for same, and establishing standards to ensure consistent high quality services in accordance with the vision, mission, goals and objectives of the KYHR and provincial health goals.

Elaine Malbeuf, *Director of Community Health Services*

The Director of Community Health Services reports to the CEO and is responsible for the planning, developing, organizing, coordinating, implementing, delivering, evaluating and reporting on community health services within the region. The Director advises the CEO and Board in consultation on matters pertaining to the overall quality of care delivered to clients, and is responsible to the CEO for the management, supervision and coordination and evaluation of these services.

The Director works closely with the CEO, Board and Senior Management Team in assessing program needs, developing short and long range operational facilities plans, budgeting for same, and establishing standards to ensure consistent high quality services in accordance with the vision, mission, goals and objective of the KYRHA and provincial health goals.

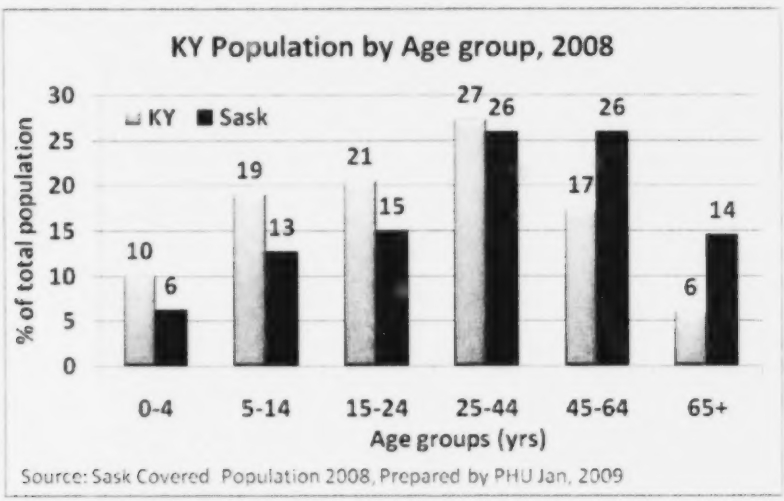
Our Region

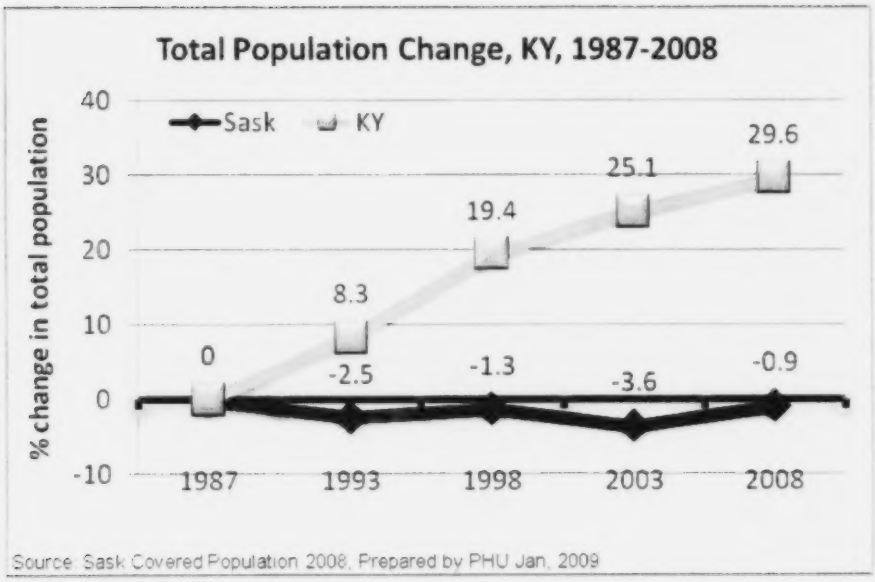
The Keewatin Yatthé (KY) Health Region continues to have a young, growing population. In 2008, KY had 29% of its population under 15 and only 6% aged 65 or older. Saskatchewan had only 19% under 15 but 14% were aged 65 or older. The KY population has been steadily increasing over the past several decades, from 9,009 individuals in 1987 to 11,674 individuals in 2008. During the same time period the provincial population has remained fairly stable, with just over a million individuals. The biggest decrease in the percentage of the total KY population was in the under 10 age group, decreasing by 6.2%, while the biggest increase was 3.7% in the 40-49 age group.

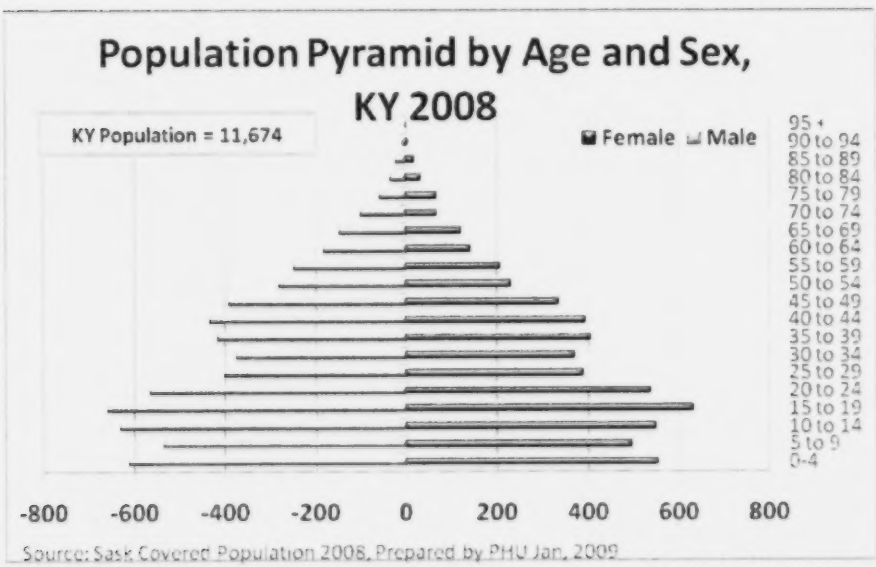
dependency ratios indicate economically stressed areas.

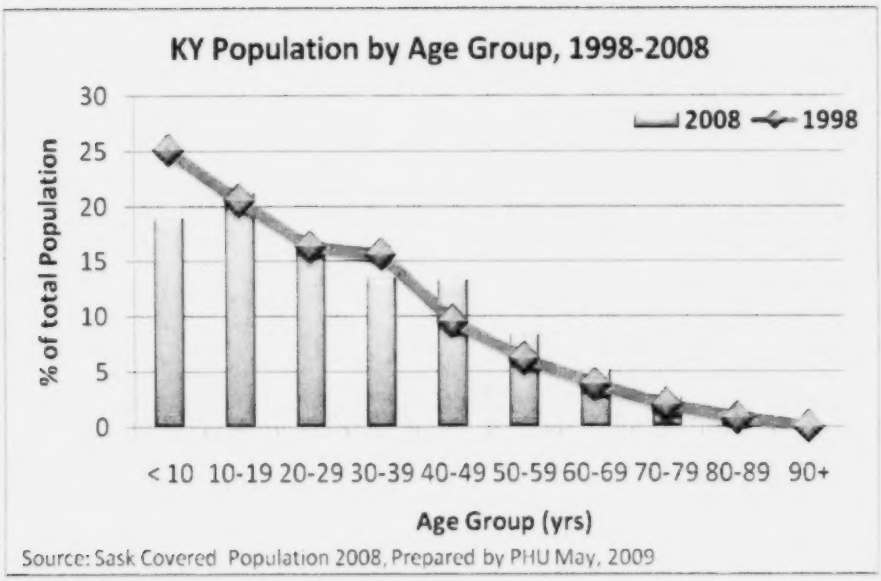
The absolute population changes in each of these age groups have implications on health needs and health service requirements. KY along with Mamawetan Churchill River Health Region and the Athabasca Health Authority have the highest 'dependency ratio's of all other health regions in Canada. This is a reflection of the number of youth under 20 and elders over 65 years of age compared to the middle aged groups. Dependency ratios are economic indicators – regions with high

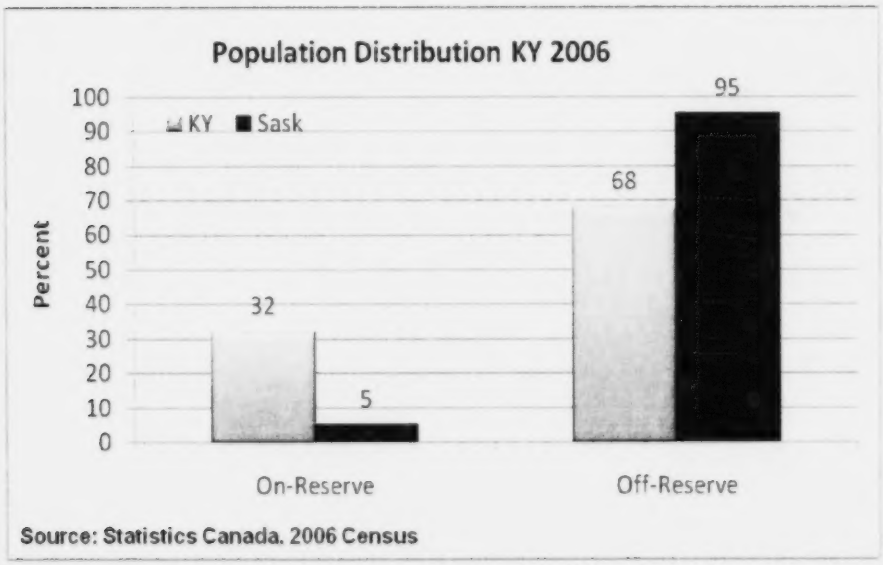
In 2006, approximately one third of the residents lived on-reserve (32% on-reserve, 68% off-reserve). This is in marked contrast to the overall Saskatchewan population, where only 5% of the population live in reserve communities.




Total Population Change, KY, 1987-2008
% change in total population
Sask
KY
40
30
20
10
0
-10
0
8.3
19.4
25.1
29.6
-2.5
-1.3
-3.6
-0.9
1987
1993
1998
2003
2008
Source: Sask Covered Population 2008, Prepared by PHU Jan, 2009

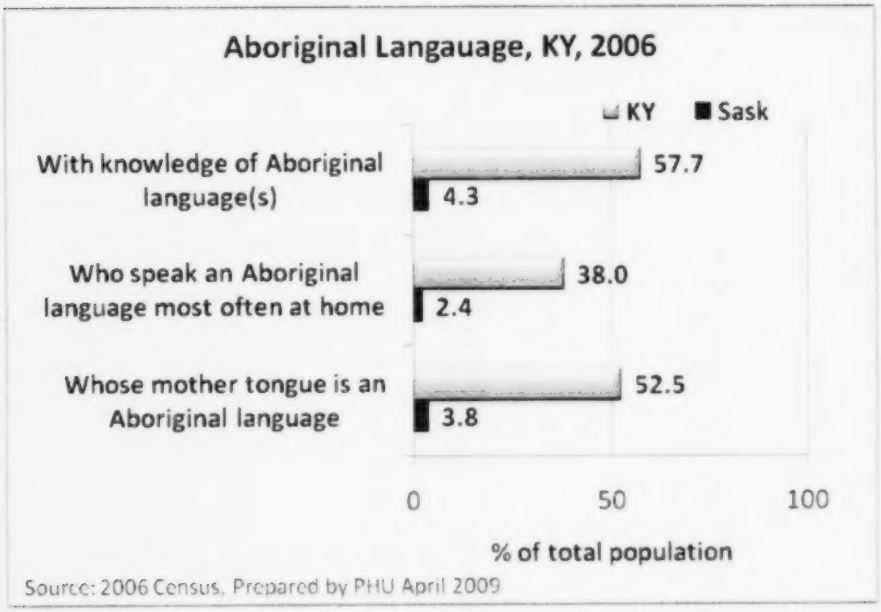

Population Pyramid by Age and Sex, KY 2008
KY Population = 11,674
Female
Male
95 +
90 to 94
85 to 89
80 to 84
75 to 79
70 to 74
65 to 69
60 to 64
55 to 59
50 to 54
45 to 49
40 to 44
35 to 39
30 to 34
25 to 29
20 to 24
15 to 19
10 to 14
5 to 9
0-4
-800
-600
-400
-200
0
200
400
600
800
Source: Sask Covered Population 2008, Prepared by PHU Jan, 2009

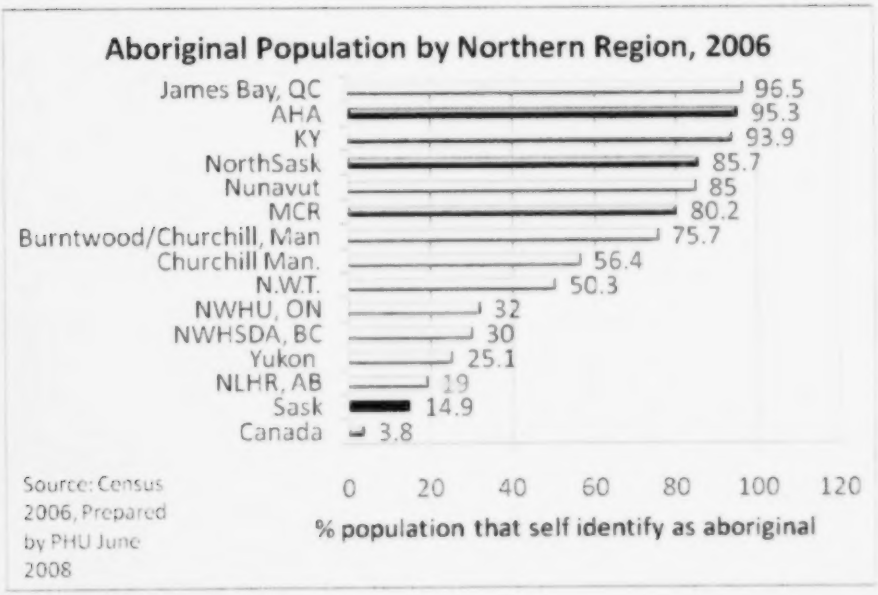




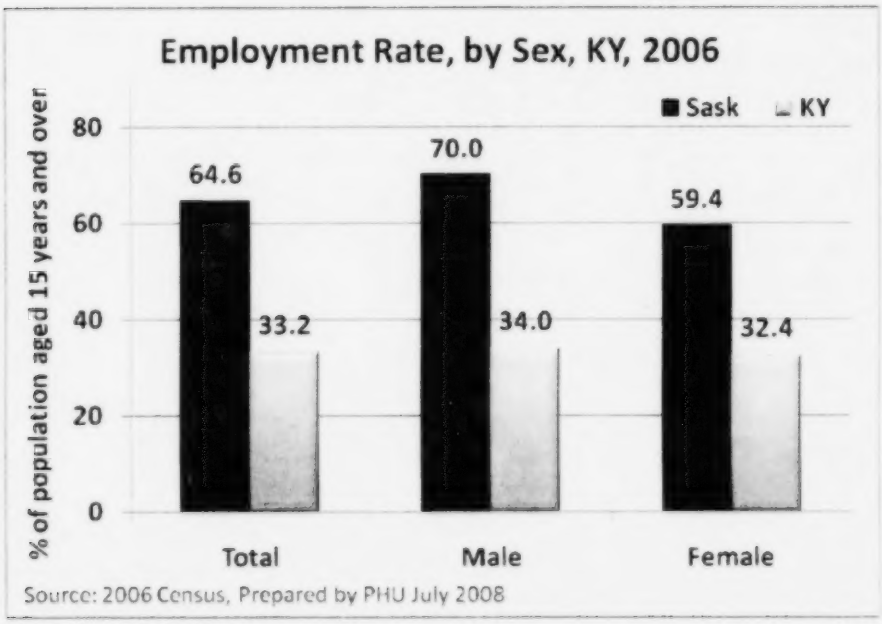
The median age for KY in 2006 was only 23.3 years, compared to 38.7 for the province (Census, 2006)

- **Varied school enrolment changes:** There was a 27% growth in secondary school enrolment in northern provincial schools between September 2000 and 2008; however decreases of 14, 21 and 22% in middle years, elementary and kindergarten, respectively, led to an overall decrease of 10% in the total K-12 enrolment. (Northern Saskatchewan Regional Training Needs Assessment Report 2009)

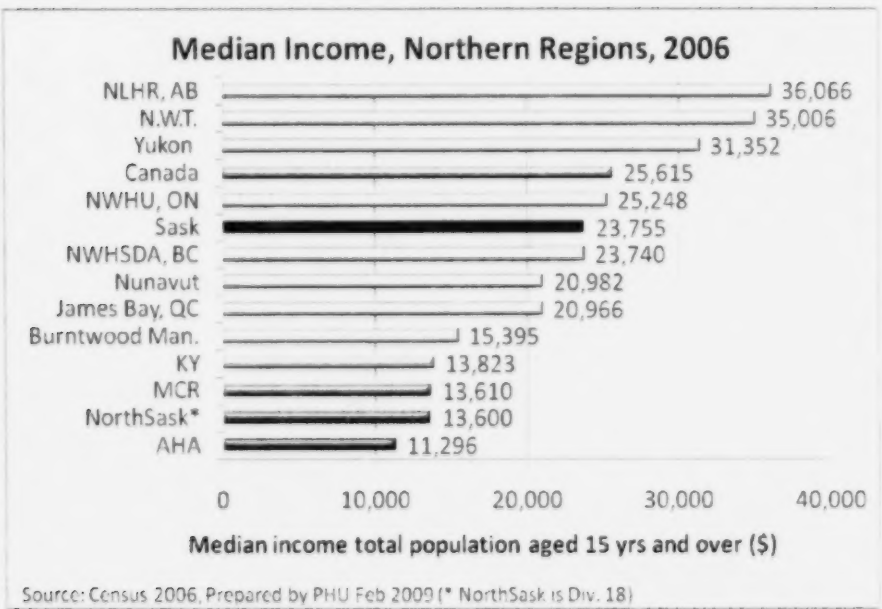




- **Knowledge and use of Aboriginal language common in KY:** Close to 58% of the KY population have knowledge of an Aboriginal language, with nearly the same number of individuals (53%) having an Aboriginal language as their mother tongue. Similarly, almost 40% of the KY population speak an Aboriginal language most often at home.
- **High Aboriginal population:** 93.9 % of the KY population are Aboriginal. This is considerably high, even compared to other northern regions such as NWT (50.3%) and Yukon (25.3%), as well as Saskatchewan as a whole (14.9%) (Census 2006).
- **Low employment rate:** In 2006, the employment rate for KY males and females was 34.0% and 32.4% respectively. Overall, the employment rate for KY (33.2%) was nearly 32 percentage points below that of the province (64.6%) (Census 2006).

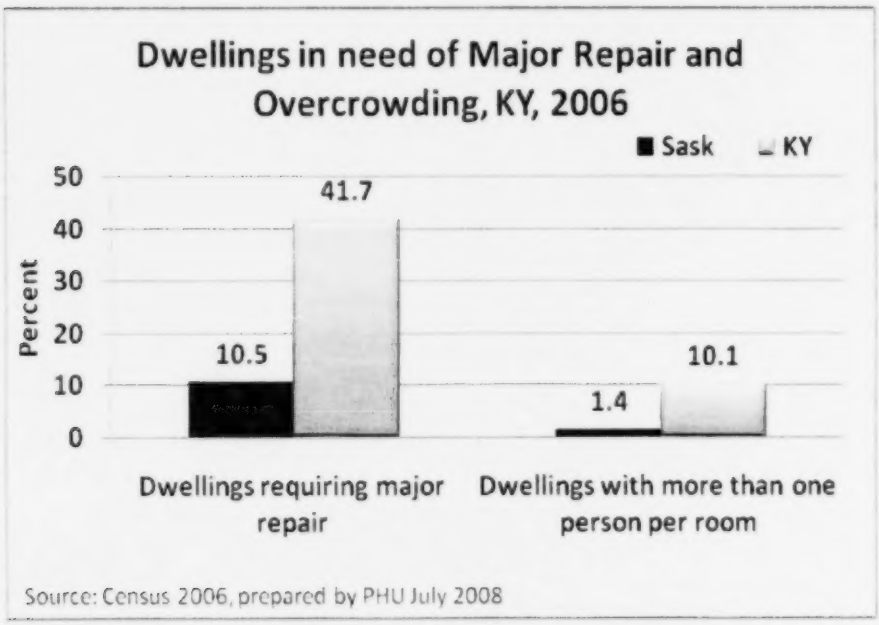


Source: 2006 Census, Prepared by PHU July 2008



Source: Census 2006, Prepared by PHU Feb 2009 (* NorthSask is Div. 18)

- **Low personal income:** In KY, In 2005, median income for the KY population aged 15 and over (13,823) was much lower than other northern regions such as NWT (35,006) and Yukon (31,352), as well as only 58% of their provincial counterparts (23,755)(Census 2006).
- **High crowding and homes in need of major repair:** In KY, 10.1% of occupied private dwellings have more than 1 person per room, compared to only 1.4% in the province as a whole. As well, slightly over 40% of occupied private dwellings are in need of major repair, compared to only 10.5% in the province.
- **Food costs higher in the north:** The average weekly cost of a nutritious food basket in Saskatchewan increases consistently over 2 gradients, from large center to small and from South to North. The average weekly cost of the nutritious food basket in the Far North is over 80% greater than a large city in the south. This could be the difference of nearly 460 dollars per month.



Source: Census 2006, prepared by PHU July 2008

Source: Public Health Nutritionists of Sask 2006, Prepared by PHU June 29 2007

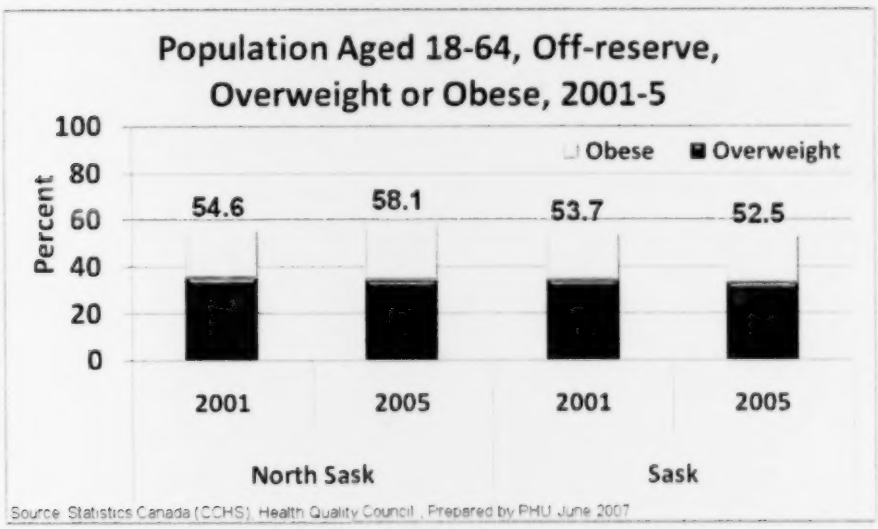
How do demographic factors affect health in the region?

The indicators for the non-medical determinants of health for the KY region indicate significant challenges. The high dependency rate, as well as the low employment rate, are indicators of economic stress, with implications on childhood poverty levels, as well as overall health. The growing segments of the population put additional stresses on the health services in the region.

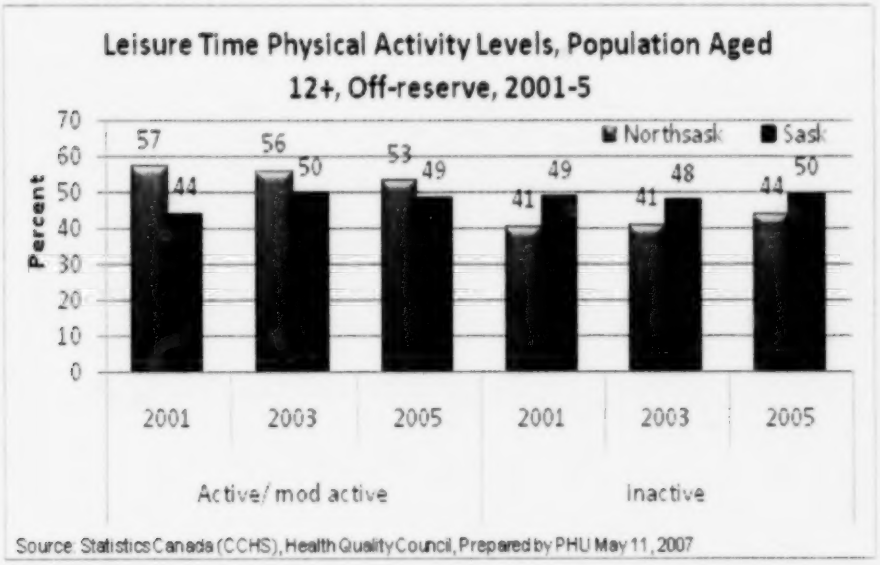
The current high proportion of adolescents and young adults in the population can be expected to result in an increase in will conditions typically seen in these age groups such as injuries, pregnancies, and sexually transmitted infections. On the other hand, the growth in the middle-age groups will impact numbers of individuals with diabetes, heart disease, chronic lung disease, and cancer.

What is the health status of the region? Include health status and outcome indicator results, providing narrative to support the context of the results.

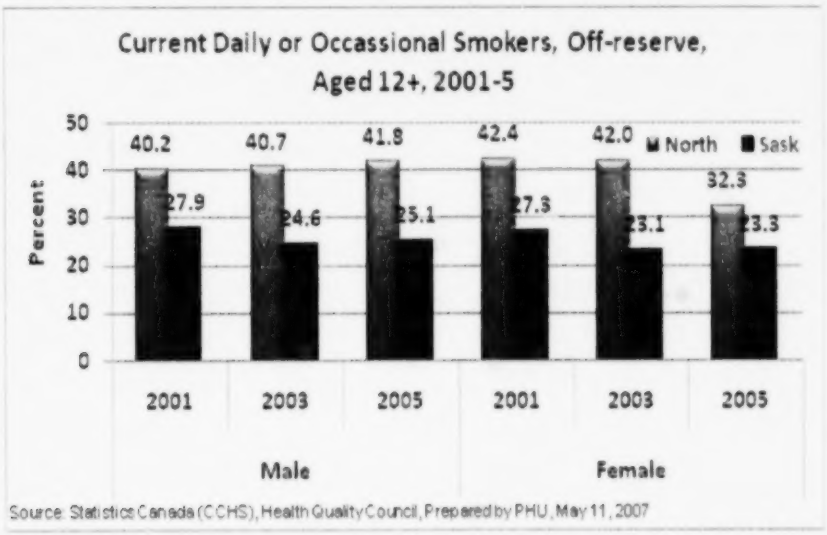
Disparity in Body Mass Index (BMI) increase: People who are classified as overweight have a BMI of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others. In 2005, 33.9% and 24.2% of northern Saskatchewan residents reported being either overweight or obese, respectively. The disparity between northern Saskatchewan rates and provincial rates has increased from 2001-2005 which emphasizes the important continuing need for health promotion, intersectoral initiatives.



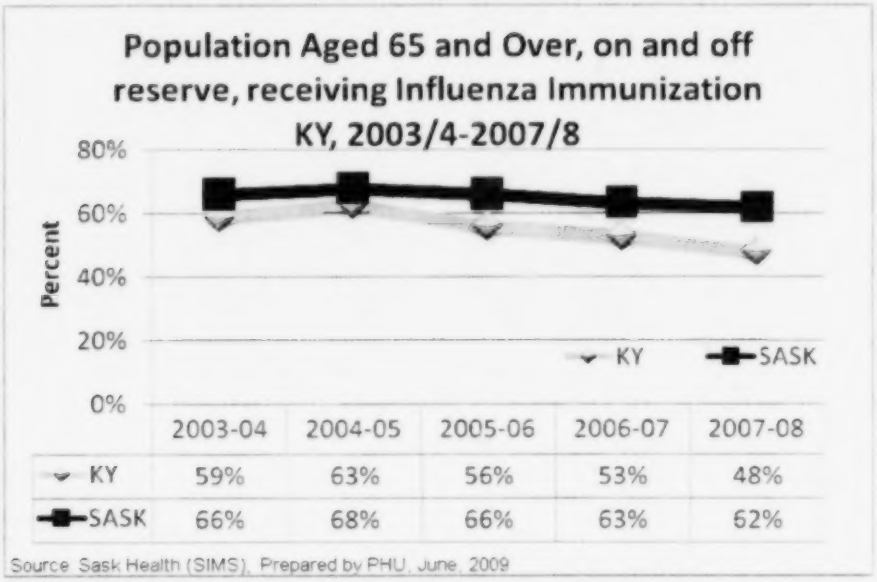
Physical activity levels changing: In comparison to other Saskatchewan health regions, the northern health authorities had the highest percentage of residents who reported participating in active or moderately active levels of physical activity during leisure time in 2005. Similarly, the northern health regions also had the lowest percentage of residents who reported inactivity levels However, the percentage of northern residents reporting active or moderately active physical activity levels has been decreasing slightly since 2001 (57.4% to 53.4%), while those reporting inactivity has been increasing slightly during the same time period (40.5% to 44.1%).



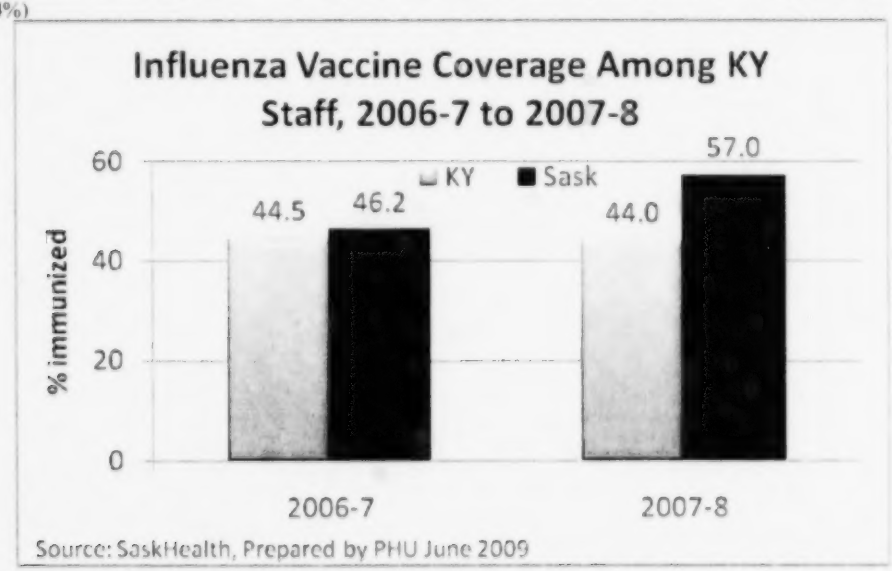
High smoking rates: Smoking rates in northern Saskatchewan off-reserve communities remain substantially higher than provincial rates though there appears to be some improvement in female rates in 2005. The percent of off-reserve northern males aged 12+ that report current daily or occasionally smoking has remained relatively stable since 2001 (40.2, 40.7, 41.8%). On the other hand, the percent of females reporting to smoke has shown a 9.7% decrease in 2005 compared to 2003, going from 42.0 to 32.3%. Northern rates for both males and females remain substantially higher then provincial rates in 2005 (25.1% in males and 23.3% in females).



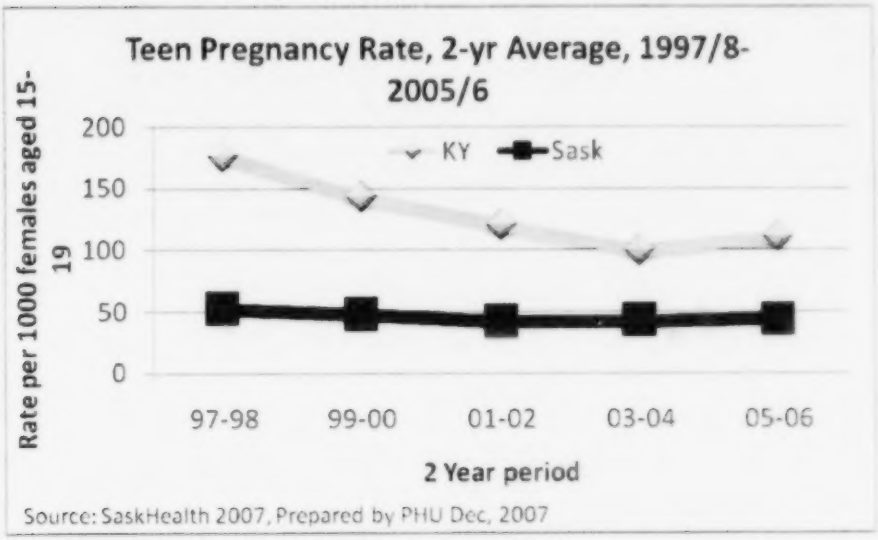
Decreasing influenza coverage rates: In KY and the province as a whole, there has been a fairly steady decline in influenza immunization rates for the population aged 65 and over, living on and off reserve, within the past 4 years. KY rates have declined from 63% in 2004-5, by 15%, to 48% in 2007-8. During the same time period, Saskatchewan rates decreased by 6 % from 68% in 2004-5, to 62% 2007-8. The provincial value (62%) remains 14% higher than the KY value (48%) in 2007-8.



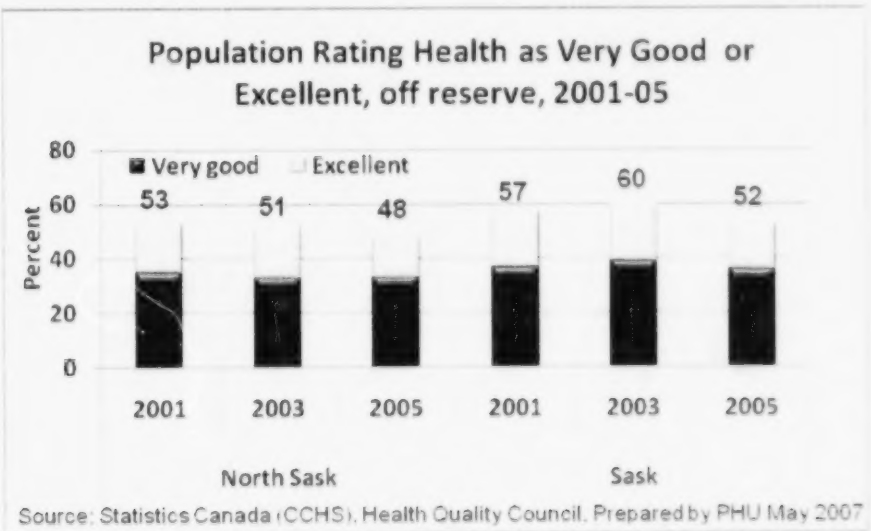
Influenza immunization among Regional Health Authority staff below province: Between 2006-7 and 2007-8 KY's influenza immunization coverage rate amongst RHA staff remained stable at approximately 44%. During the same time period the province as a whole experienced a 10% increase in its influenza coverage rates, going from 46.2% in 2006-7 to 57.0% in 2007-8. Currently, the Saskatchewan coverage rate (57%) is 13% higher than the KY rate (44%)



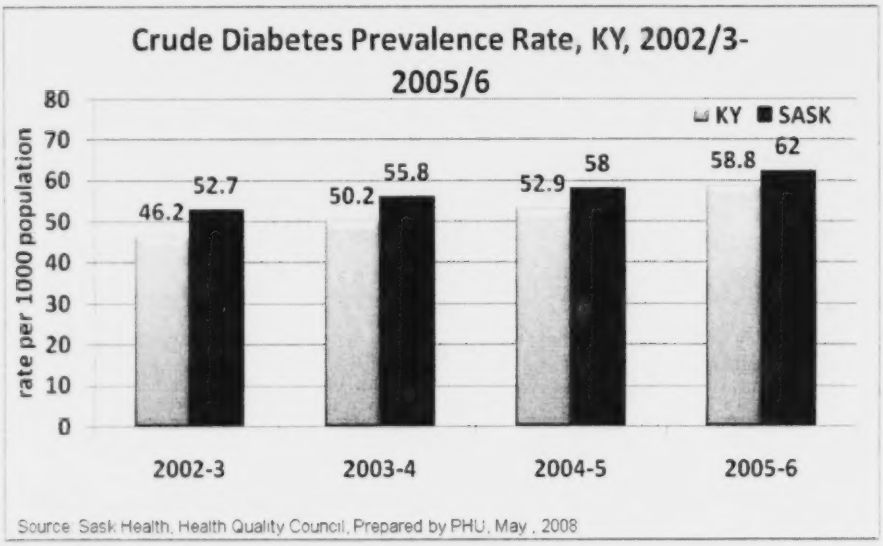
High teen pregnancy rate: The teen pregnancy rate in KY had been gradually decreasing from 177 pregnancies per 1000 females aged 15-19 yrs in 1997/8, to 100 pregnancies in 2003/4. However, in 2005/6 the rate had a slight increase to 111 pregnancies per 1000 females aged 15 to 19 years of age. The provincial rate remained the same between 2003/4 and 2004/5 at 43 pregnancies per 1000 females, and is less the half the KY rate.

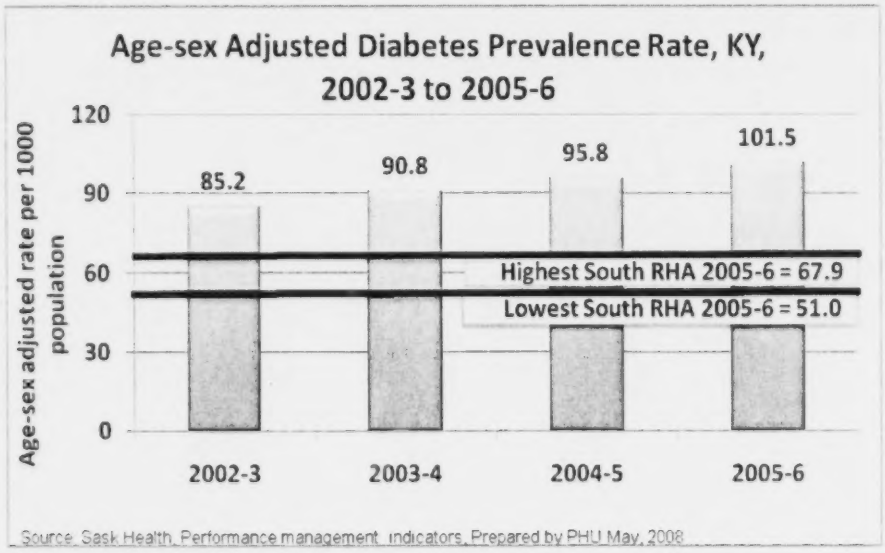


Self rated health slightly below province: Self rated health status is good indicator of overall health as it corresponds with the individual's personal meaning of health. Thus, this indicator can capture components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot. Since 2003, Northern residents' self rated health status has remained relatively stable in the very good category (32.9 in both 2003 and 2005) but has decreased in the excellent category (18.4% in 2003 and 15.1% in 2005). The province has seen decreases in both the very good (38.6% in 2003 and 35.8% in 2005) and excellent categories (20.8% in 2003 and 16.6% in 2005); however both categories of self rated health status remain higher at the provincial level than in the northern health authorities.



Diabetes – The proportion of KY individuals living with diabetes (prevalence rate) has increased between 2002-3 and 2005-6 by27%. The provincial numbers also increased over the same time frame, going from 52.7 cases per 1,000 population in 2002-3 to 62 cases in 2005-6. As the middle-aged and elderly (who have higher rates of diabetes) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. The adjusted proportion of people living in KY with diabetes has increased steadily since 2002/3, up by 16.3 cases in 2005/6 and is currently the second highest rate in the province, 49% higher than the closest southern RHA. This would indicate the overall risk of diabetes is much greater in KY than in the southern RHA's. This is of concern as diabetes is not only a serious health concern on its own but, it also increases a person's risk for other diseases with high mortality rates such as circulatory diseases.

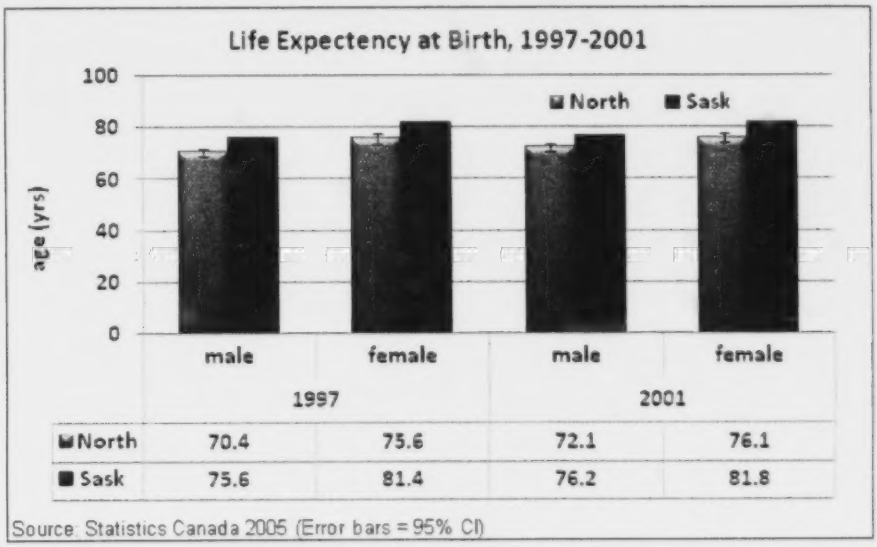




Life expectancy (at birth and at age 65 years)

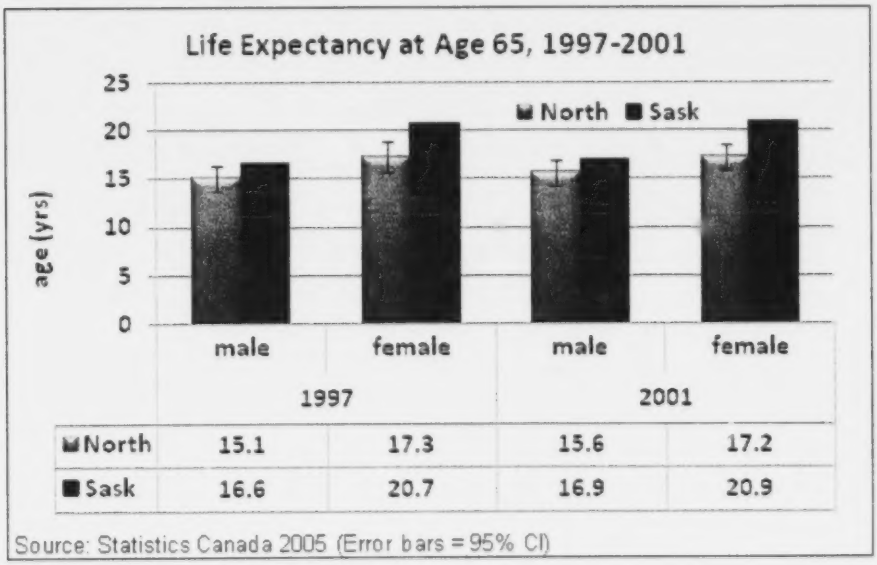
The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the

same period. The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer. Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty. Higher rates of infant mortality and premature deaths from injuries seen in the north could also be a contributing factor to the lower life expectancies of northern residents.



	1997 male	1997 female	2001 male	2001 female
North	70.4	75.6	72.1	76.1
Sask	75.6	81.4	76.2	81.8

Source: Statistics Canada 2005 (Error bars = 95% CI)



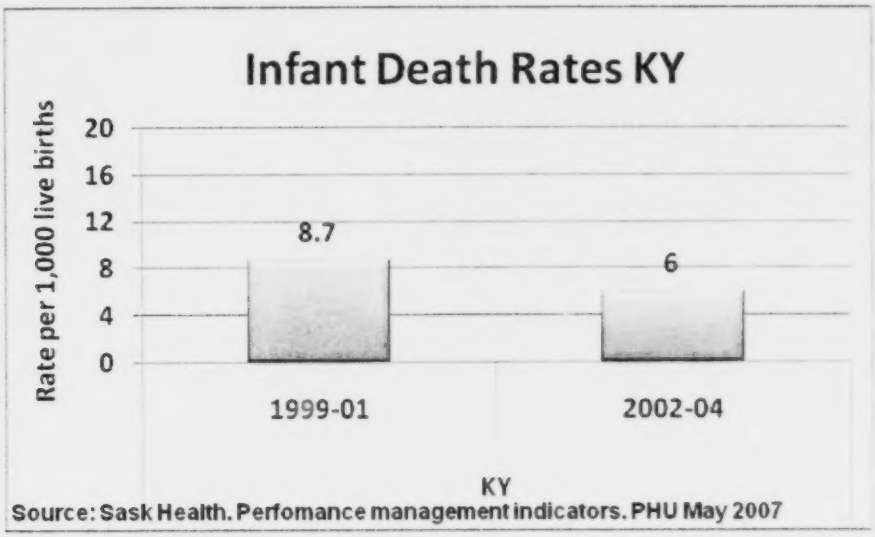
	1997 male	1997 female	2001 male	2001 female
North	15.1	17.3	15.6	17.2
Sask	16.6	20.7	16.9	20.9

Source: Statistics Canada 2005 (Error bars = 95% CI)

Infant Deaths

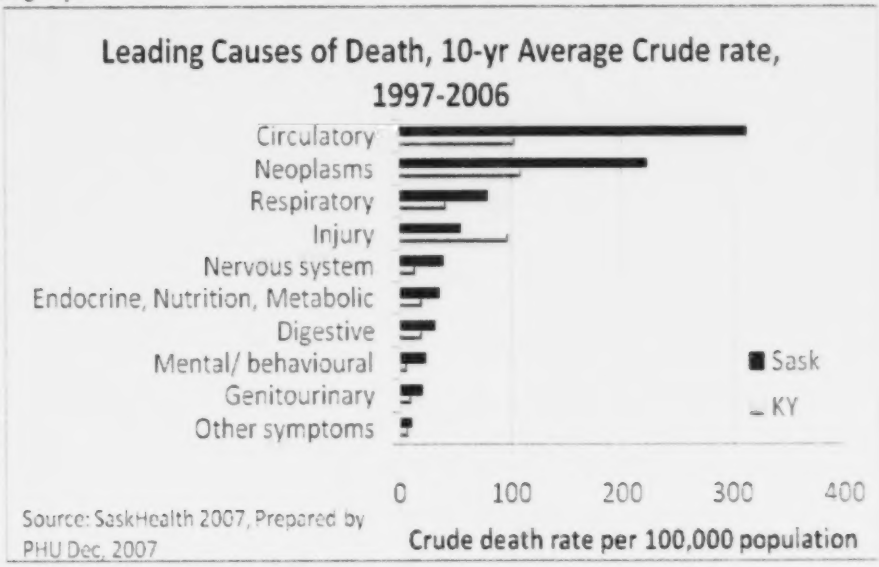
There were fewer than 5 infant deaths in the KY Health Region in the three year period of 2002 to 2004 compared to 6 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This represents more than a 30 percent decrease in the infant mortality rate (IMR) from 8.7 infant deaths per 1,000 live births in 1999-2001 to 6.0 in 2002-4. Preliminary data for 2005 indicate a rate of 5.8 deaths per 1,000 live births. In

comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004.The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past two years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.

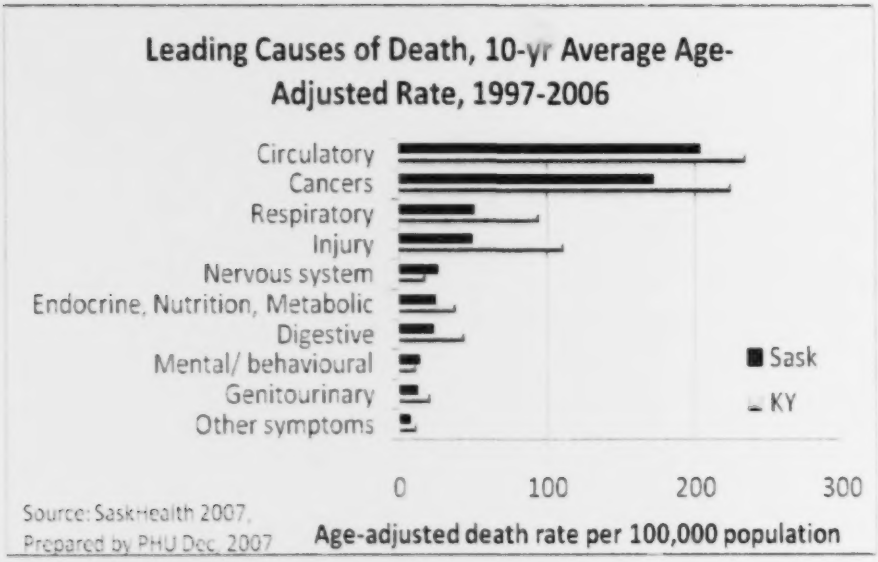


Source: Sask Health. Perfomance management indicators. PHU May 2007

Leading Causes of Death The leading causes of death in KY (crude rate) between 1997 and 2006 were neoplasms, circulatory diseases, and injuries. In contrast, the leading causes of death in Saskatchewan, over the same time period, were circulatory, neoplasm and respiratory diseases. This difference is not surprising as the population in KY is much younger (where injuries are more dominant), with less population in the older age groups (where the chronic conditions such respiratory diseases are more common). As the middle-aged and elderly (who have higher rates of chronic diseases) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. After these adjustments are made, circulatory diseases, neoplasms, injuries and respiratory diseases remain the 4 leading causes of death in KY; however these rates are now higher than the provincial rates. Age-standardization allows for a more accurate comparison of health risks between population groups.



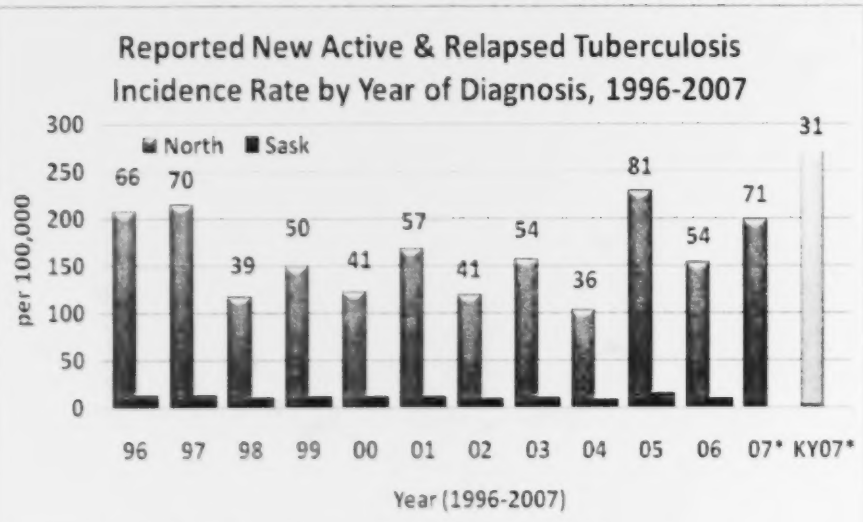
Source: SaskHealth 2007, Prepared by PHU Dec, 2007

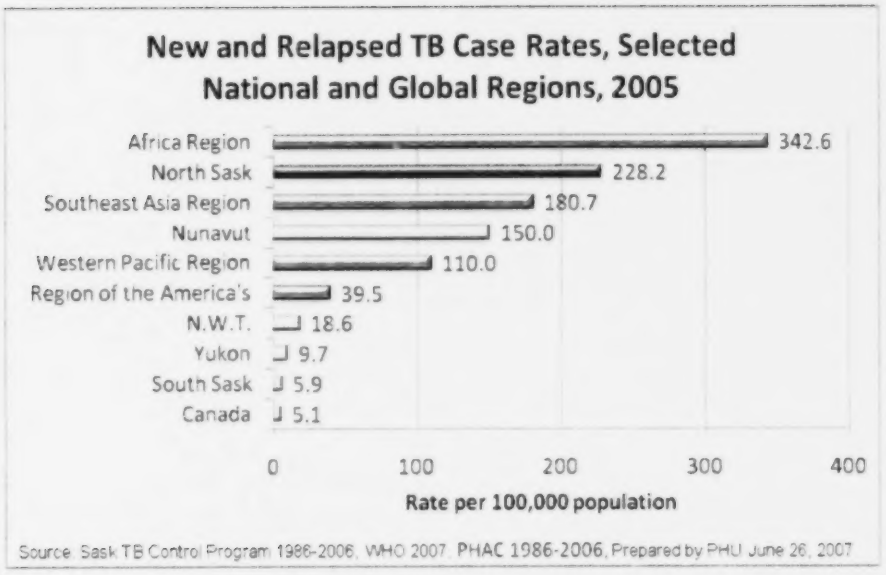


Emerging and infectious health issues in the region.

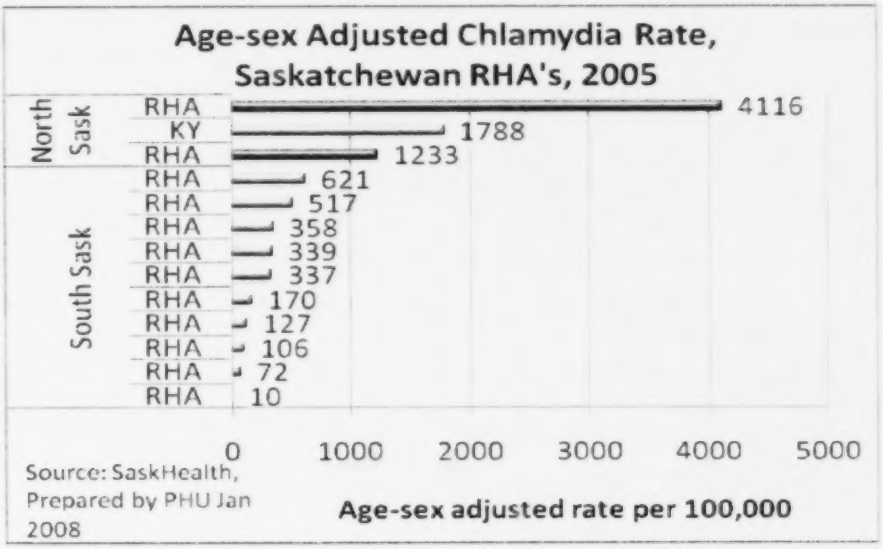
Exceedingly high rate of Tuberculosis: In 2007 the North had an increase in its TB rate from 152.5 cases per 100,000 in 2006 to 198.1 cases in 2007. On average, between 1996-2006, the northern Saskatchewan new and relapsed TB incidence rate has been 32 times greater than the southern Saskatchewan rate. Of the 71 northern cases of new active and relapsed TB cases, 31 were residents in KY, which equals close to 30% of the total number of cases occurring in the province. The 2007 rate in KY of 269.3 cases per 100,000 population also remains considerably higher than the provincial rates over the past 10 years. About 90% of the new and relapsed cases of TB in KY for 2007 were living off-reserve. The rate of new and relapsed TB in northern Saskatchewan is exceedingly high, even when compared nationally or globally.

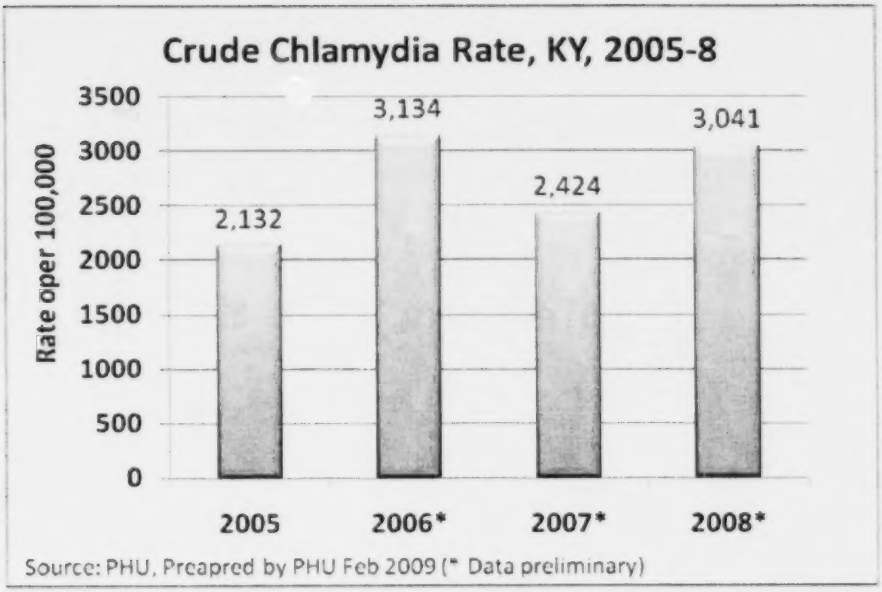
In 2005, compared to the WHO regions, NorthSask would have the second highest rate (228), second only to the Africa Region (343). Nationally this means that compared to the highest provincial and territorial rates, NorthSask would have had the highest rate by at least 30% above Nunavut and about 45 times the Canadian rate.



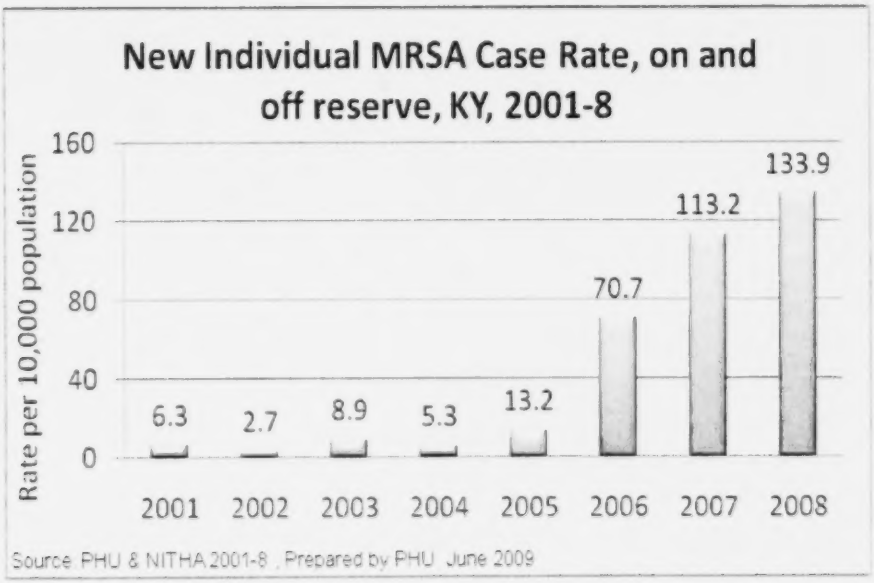


Sexually Transmitted Infections high and increasing: After adjusting for age and sex, the 2005 rate of Chlamydia in KY, 1788 cases per 100,000 population, remained 2.9 times higher than the closest Southern Health Region. Preliminary PHU data has illustrated a general increasing trend for the KY crude Chlamydia rate between 2005 and 2008, although there are year-to-year fluctuations. The 2008 rate remains nearly 43% above 2005 levels.

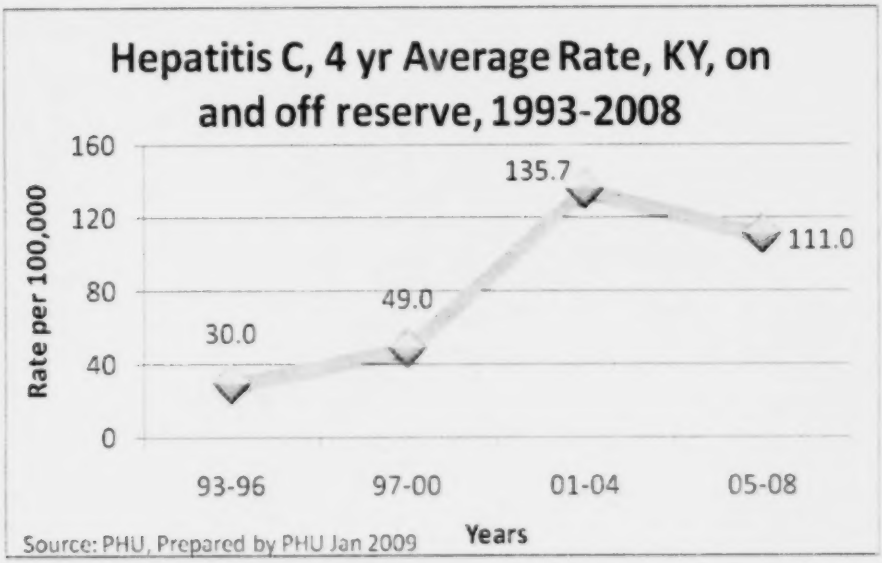




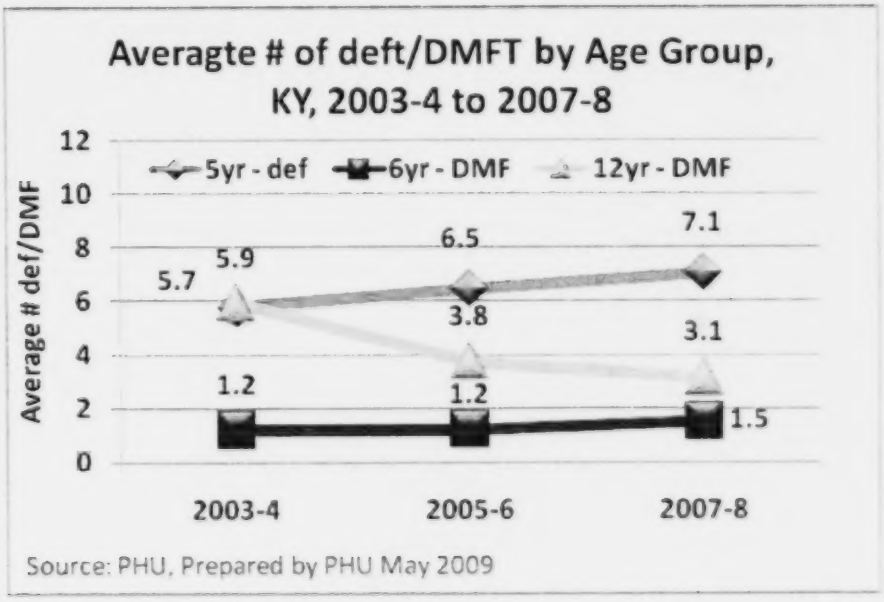
MRSA in new individuals rising: Methicillin-resistant Staphylococcus aureus (MRSA) is a Staphylococcus bacterium resistant to common antibiotics including methicillin. MRSA has been on the rise in KY since 2001. The rate of new individual MRSA cases (a case occurring in an individual for the first time) reached its highest total in 2008 with 133.9 new individual cases per 10,000 population. MRSA has been known to occur in hospital settings. More recently, it has been shown to occur in the community setting, and is known as community-acquired MRSA (CA-MRSA). In the north, CA-MRSA predominates and can result in a variety of skin and soft-tissue infections ranging from boils to severe bone or muscle infections and can also result in severe pneumonias. As a result, there has been increased community-based hygiene initiatives and education as well as infection control strategies.



Hepatitis C elevated: The 4 yr average rate of Hepatitis C in KY increased substantially between 1993-6 and 2001-4, going from 30 cases per 100,000 population to 135.7 cases per 100,000 population. Between 2001-4 and 2005-8, there was almost a 20% decrease in the rate of Hepatitis, from 135.7 in 2001-4 to 111.0 in 2005-8; however, the rate in 2005-8 is still 3.7 times greater than the rate in 1993-6. This increase is in contrast to what is occurring nationally, where the rate of Hepatitis C has been steadily decreasing. In 1999 the Canadian rate was 61.9 cases per 100,000 population and has since decreased by 40% to 36.8 cases per 100,000 population in 2006. One risk factor for acquiring Hepatitis C and other infections such as HIV and Hepatitis B is injection drug use. To reduce the risk of infection from injection drug use, harm reduction strategies such as needle exchange programs are currently being used.

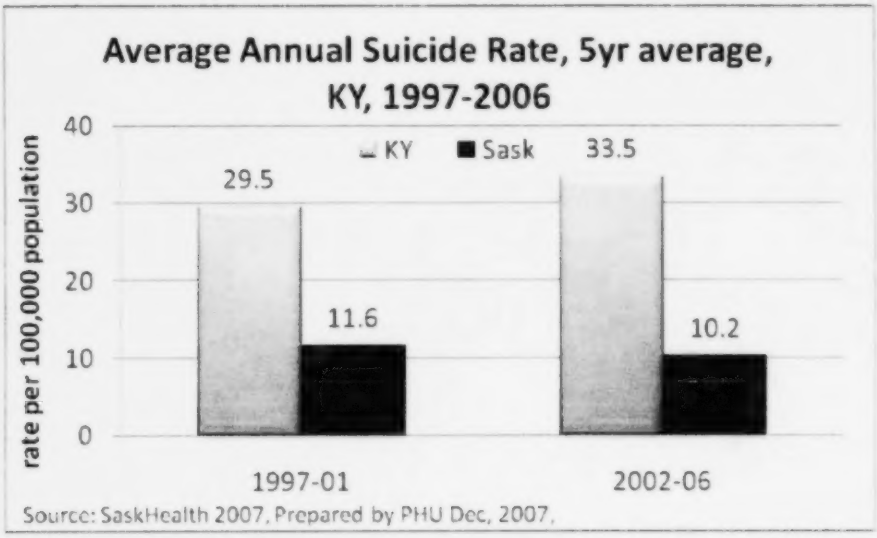


Oral Health: Dental disease is an infectious disease caused by transmissible bacteria, the by-products of which dissolve the hard surfaces of susceptible teeth. The average number of decayed, extracted and filled primary teeth (deft) or decayed, missing and filled permanent teeth (DMFT) per client, are good overall indicators of this process.

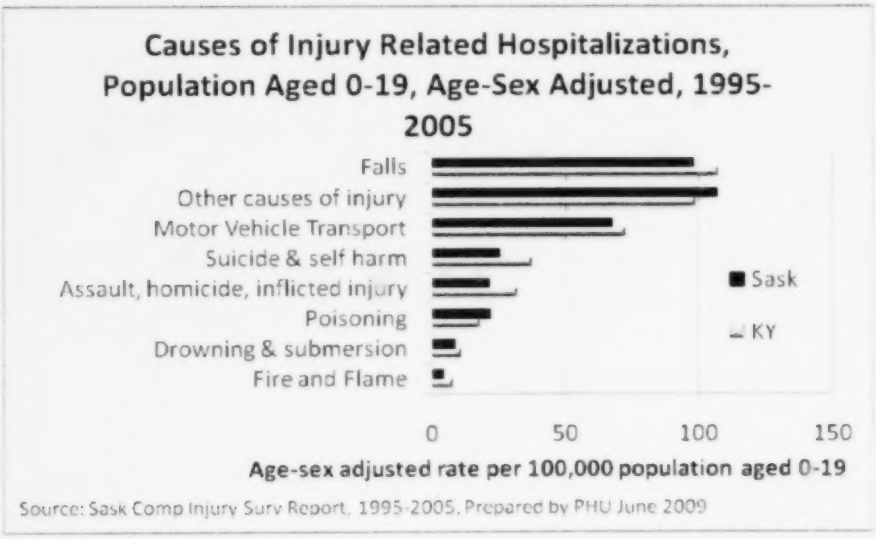


In KY, the average number of deft's in 5yr olds increased consistently over the last number of years, from 5.7 per child in 2003-4 to 7.1 per child in 2007-8. The average number of DMFT's remained fairly constant in KY 6-yr olds between 2003-4 and 2007-8, between 1.2 and 1.5 per child. The largest decreases were seen in the average number of DMFT's in 12 yr olds, where KY saw a decrease from 5.9 to 3.1 per child.

Suicide rate is over 3 times the provincial rate: The suicide rate in KY increased slightly between 1997-2001 and 2002-06, from 29.5 cases per 100,000 population to 33.5 cases. On the other hand, the provincial rate decreased slightly from 11.6 cases per 100,000 population to 10.2 cases, during the same time period. The KY suicide rate in 2002-06 remains over 3 times higher than the provincial rate of 10.2 cases per 100,000 population.



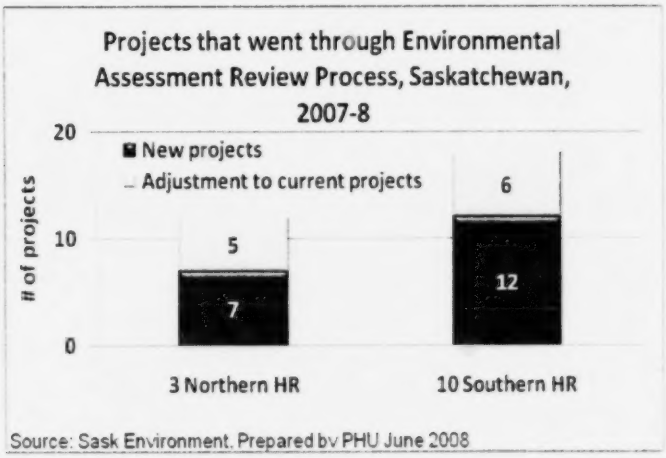
Injury hospitalizations in KY for children and youth: The leading causes of injury hospitalization in children and youth aged 0-19 are very similar between KY and the province with Falls, Other, and Motor vehicle accidents being the 3 leading causes in both regions. In all of these cases the difference between the KY and provincial rates is under 10%. Although Suicide and self harm and Assault, homicide and inflicted injury are not in the top 3 causes, it is important to highlight these categories as there is a large discrepancy between the KY and provincial rates. Rates in KY for Suicide and self harm and Assault, homicide and inflicted injury are approximately 45% greater than their respective provincial rates.



Environment

Overall improvements in inspections of licensed/ regulated facilities: Between 2007-8 and 2008-9, the percentage of licensed or regulated facilities that were inspected in the North increased for food eating establishments, but decreased for lodging and public water supplies. However, inspections rates for all types of facilities remain above rates seen in 2006/7, indicating an overall trend of improvement. It is important to note that there are both year round and seasonal facilities that need to be inspected each year. Inspection rates for all three categories for the seasonal tourist and outfitting camps are greatly influenced by the ability to do onsite inspections when and if they are open each year. Work continues to improve on these rates.

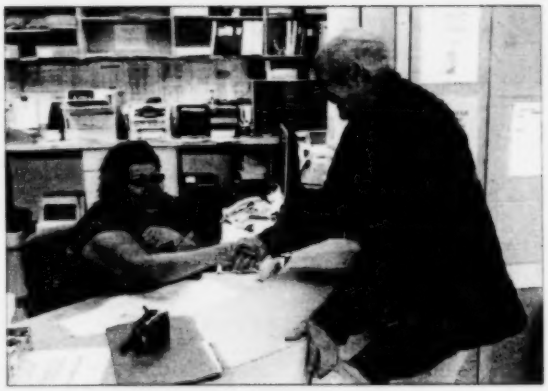
Environmental assessment reviews: There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes and economic development but also has potentially serious ramifications as it relates to social health concerns. Our Population Health Unit was involved with 7 new projects across the north that went through the environmental assessments review process during 2007/8. This accounted for 36.8% of the total number of projects that went through the review process in Saskatchewan. As well, there were 5 projects had had adjustments made to their plans that required them to go through the review process. This is almost the exact same number (45%) as the other 10 southern health regions combined, who had 6 projects with adjustments. The north was also involved with 4 human health risk assessments in 2007-8.



2008-09 Performance Results

PATIENT/CLIENT

Communications



The Region regularly reports on its activities and issues facing the health care system and the health and well-being of residents. The following areas are some of the activities undertaken in the 2008-09 to maintain effective two-way communication with employees, affiliate organizations, the public, and others.

The Region sought public input on a number of strategic initiatives, such as: implementation of the Adult Dental Services Program; implementation of a Doctor Day and enhancement of Homecare Services (thorough re-establishment of nursing services) for the Northern Hamlet of Turnor Lake; hosting of the Fall Circle Dialogue on Child Protection Issues to review child protection issues and enhance collaboration among various agencies; hosting of an Elders Conferences through a Community Development initiative with the objective of providing opportunities for elders to share knowledge on traditional approaches to wellness, and transforming information gathered into cultural vitality indicators which will enable the RHA to better incorporate culturally relevant content and processes into our operations; establishment of a local committee to support ongoing concerns related to suicide; development of an initiative to address issues and concerns relating to the Indian Residential School Survivor Settlement; nutrition and fitness campaigns; and implementation of the Live Well with Chronic Conditions program. Outreach to various Meadow Lake Tribal Councils bands which exist in our region also took place to continue to enhance partnership and collaboration efforts, and gain understanding of how needs could be better served.

Keewatin Yatthé Health Region has addressed a number of pressing health care access issues, including access to physician services in the Northern Hamlet of Turnor Lake.

During the 2008-09 year, 11 physicians were recruited through Northern Medical Services (5 locum, 3 permanent, and 3 visiting specialists, and 15 registered nurses were recruited to the health region, filling empty positions.

The Region actively manages relations with media outlets, and communicates directly with employee and the public through the website, newsletters, advertisements and public meetings. In addition to alerting people of health risks and the availability of services, we also explain the issues facing the health region, and our approach to meeting the health needs of the region's approximately 12,000 residents.

ACCESS TO QUALITY HEALTH SERVICES

Alcohol and Drug Programs and Services

- Average wait time for admission to alcohol and drug outpatient services: **4.6 days**.
- Average wait time for admission to alcohol and drug inpatient services: **N/A. There are no inpatient services in KYRHA.** Services are accessed outside the region only.
- Average wait time for admission to alcohol and drug detoxification services: **0.4 days**.
- Average wait time for admission to alcohol and drug stabilization services: **N/A. There are no alcohol and drug stabilization services in KYRHA**.

Surgical Services

(n/a)

Specialized Medical Imaging Services

(n/a)

Primary Health Care Services

- Percentage of RHA population with geographic proximity to primary health care teams: **100%**
- Number of discrete clients receiving primary health services in the RHA :
    - **Q1-3035**
    - **Q2-3564**
    - **Q3-3217**
    - **Q4-3578**

- Number of persons receiving a service from HealthLine for the RHA:
    - **Q1- 288**
    - **Q2 - 248**
    - **Q3- 253**
    - **Q4-179**

Total for the year 968

BUSINESS CONTINUITY

The RHA is progressing towards adopting and preparing business continuity plans.

In the area of Emergency and Pandemic Planning, three OOS Managers were trained in Emergency Preparedness Planning. The Manager of Emergency Medical Services was appointed as the Pandemic Planning Coordinator and has worked in collaboration with the Population Health Unit (PHU) on the continued development of the Region's Pandemic Plan. The Region works closely with the Northern Health Strategy, Northern Inter Tribal Health Agency, and PHU in providing appropriate training and education to KYRHA staff and region residents, and in monitoring potential crisis/emergency situations to prepare for and work towards eliminating any potential health and safety risks.

In the area of Information Security, the Region made a significant investment in new technology and underwent a complete restructure of the Information Technology System. The Region contracted Prairie North RHA to implement a virtual system and to provide the on-going support. This new system provided security enhancements in areas such as:

- Access control backing up of data
- On-going performance monitoring
- Implementation of data back-up process and procedures
- Standardization for consistency of maintenance and business functionality and security

The Human Resources Department continues to review and refresh the RHA's business continuity plan and keeps informed of any potential risk to continued operation. The Region recognizes the importance of staff awareness of the importance of business continuity plans, and will incorporate any necessary information and training in the enhanced General Orientation Sessions as part of organizational learning. The new IT system also ensures security of HR data to recover and restore in the event of business disruption.

PROVIDERS

Workplace

Number of sick leave hours per full time equivalent (FTE) by affiliation

CUPE/SGEU/SEIU: **30.0**

HSAS: **33.2**

OOS/Other: **16.0**

SUN: **20.4**

Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation

CUPE/SGEU/SEIU: **20.0**

HSAS: **26.0**

OOS/Other: **0.0**

SUN: **62.5**

Number of lost-time WCB claims per 100 full time equivalents (FTEs): **0.8**

Number of lost-time WCB days per 100 full time equivalents (FTEs): **171.5**

The RHA faces many challenges in delivering quality healthcare in Northern Saskatchewan. The demographics, remoteness, social issues, rapid economic changes, and existing health status of residents stress the capacity and effectiveness of our staff, resources, and infrastructure. Some of the challenges which affected targeted outcomes for the year which are listed below:

- Nursing and CLTX staff shortages have resulted in repeated closure of facilities for periods of time.
- Failure of lab and x-ray equipment due to power outages and breakdowns due to aging/ obsolete equipment resulted in repeated suspension of lab and x-ray services at our facilities in La Loche and Ile-a-la-Crosse for periods of time.
- The periods of high OOS Management vacancies (40% and greater) and successful

recruitment have kept the RHA in a constant state of transition with new managers needing to learn quickly in order to meet the demands of a position which was vacant for significant periods of time, and with our more 'seasoned' managers experiencing periods of great burden by having to carry additional responsibilities in the absence of OOS Management positions. This also resulted in limited participation at provincial tables.

- Administrative burden of existing programs, new initiatives and accountability requirements, the recycling of staff among positions without filling vacancies or fulfilling program mandates have made it difficult to improve and maintain service levels. Staff shortages throughout the year are reflected in other areas such as: decrease in communication initiatives and program capacity; Mental Health and Addiction Services, specifically to communities which struggle with suicide issues.

- Rising security issues at the La Loche facility meant a re-evaluation of the entrances to the facility and what structural modifications were needed to improve security in the facility. In the meantime, the situation was managed by contracting of security personnel.

- The long distances between communities, poor road conditions, frequency of use and age of ambulances and equipment have resulted in high maintenance cost. The purchase of a new ambulance this year has contributed greatly to meeting required service levels. The RHA was able to provide guidance in the refurbishing of an old ambulance which was donated to the fire department of one of our northern communities.

La Loche EMS with the new ambulance purchased in 2008

FINANCIAL SUMMARY

2008-09 was a challenging year. KYRHA was facing the prospect of a significant deficit due to multiple financial stresses. With the assistance of additional Ministry of Health funding and improved cost management these stresses were mitigated resulting in a small deficit of $13k, -0.1% of total expenditures.

Excessive overtime compensation and reliance on expensive contract labour in Acute/Primary Care nursing, Emergency Medical Services (EMS) and Laboratory Services continues to strain financial and human resources. Our overtime compensation costs per FTE are consistently the highest in the province. This is a reflection of the recruiting and retention problems we face as well as the poor health status of the Region is reflected in our employees, resulting in high absenteeism.

Recruiting success in positions not normally subject to overtime compensation caused additional financial pressure. For years vacancies in these positions have "subsidized" the impact of excessive overtime in other areas. As the positions were filled throughout the year, the financial benefit of these vacancies was diminished.

It was determined that several employee groups had not been properly compensated in previous years and retroactive payments were made to those employees, contributing further to the financial burden. Some employees' rate classifications were incorrect, while others should have been compensated for working through scheduled meal breaks.

Late in 2008-09 KYRHA was able to recruit a number of Internationally Educated Nurses (IEN's). In 2009-10 we should see overtime costs decline and service availability improve with the addition of these nurses.

Deferred revenue balances continue to grow as expenses in Targeted programs are consistently less than funding, mainly due to vacancies, therefore the excess funding (over and above the expenditures in those programs) accumulates as Deferred revenue.

The Region's program support expenditures as a percent of total operating expenses were 11.4% under the threshold of 12% and days to operate with working capital was 6.5 days placing the RHA in the top quartile of RHA's.

Pictured above: The first batch of nurse recruits from India recieve a warm welcome at the La Loche Health Centre

Future Outlook/Emerging Issues

Throughout the year, KYRHA continued to strive to fulfill the strategic priorities set in the 2004 Strategic Plan: Mission Alignment, Health Team Development, Programs & Services, and Capital Initiatives.

Through honouring the Principles set out by the "founding fathers" of the RHA, the governing body (the Board) and its operational arm and chief advocate of the mission and vision of Keewatin Yatthé RHA (the CEO) remain deeply committed to striving for ***excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills, and attitudes of our staff. The standards of care must be no less than any other health region in Saskatchewan and Canada***.

The KYRHA experiences similar challenges existing in remote RHA's across the country including: staff shortages, recruitment and retention of key positions such as Nurses, CLXT's, EMS, Nutrition/ Dietetics and specialty programs. Additional challenges in Human Resources include: available work pool, sick time, and overtime. Delivery of service covers significantly greater geographic distance than the majority of provincial RHA's, mileage costs are higher, road conditions are poor and hazardous (i.e. gravel access roads to cachement communities, broken pavement, and prolific potholes), resulting in increased cost in vehicle maintenance and damage repairs and increased time needed for travel and allocation of tasks.

Municipalities and the private sector in the Health Region continue to be limited in their ability to provide sufficient housing needed for our staff and adequate capital facilities to hose our clinics and corporate offices. Regular power outages cause disruption to services and breakdown of essential equipment. Shortages of accommodations and inadequate facilities pose significant risk to morale, organizational wellness, occupational health and safety issues, and weigh heavily in our recruitment and retention initiatives.

Demographic trends in the region show an increasing elder population, and a youth ratio (0-24 years) comprising 50% of the population. The Population Health Unit reports show heart disease, diabetes, and injuries as the three prevalent trends in the region. They also report high rates of STI's, TB, and MRSA, partially due to lack of education, awareness, and domestic overcrowding.

The population continues to extend great expectations and demands on delivery of service; however, the promotion of self-reliance is critical to any progress made in health status. As our region faces these significant challenges in health

status, we know that it would not be possible for us to address the many issues that impact health delivery without the support of strong and viable partnerships. There are many groups, agencies, organizations, and levels of government as well as individuals that have an influence on health. It is our belief that improvements in health can only come from these many sectors, including community leadership working together.

Future prospects

- In May 2008, an Infection Control Practitioner (ICP) was hired for a one year term through the Population Health Unit. Prior to this, there was no dedicated ICP in the north where extremely high rates of TB and MRSA demonstrated the urgent need for one. This position has proved to be an essential support to KYRHA and the region believes that the position is essential to the north.

- Enhancement of telecommunication capabilities (i.e. access to and increased use of video conferencing) can be an essential LEAN initiative which would result in less travel time, and improved communication and interaction across the region.

- The General Staff Orientation process has been reviewed. It is evident that this service to new employees must be consistent and enhanced to better prepare employees for service in the region. Improvements to increase awareness and understanding in areas such as northern culture, quality improvement and accreditation initiatives, existing policies and procedures, roles of departments and available employee support, training opportunities, and site specific orientation, etc. can improve staff morale and result in higher job satisfaction and retention.

- Due to high transition in the OOS Management team, as well as having new managers with limited management experience, the need to improve management capabilities was recognized. Increased opportunities for Management competency training/education will better equip managers to perform at high standards professionally while conscientious of maintaining personal health. Competent managers committed to the Principle of KYRHA and properly equipped to fulfill their responsibilities will contribute to a positive organizational culture resulting in improvements in retention of employees and higher standards of care for clients.

- According to Sask Trends " Aboriginal Population as Percentage of Total Population, 2006", Saskatchewan was second to Manitoba in the largest proportion of First Nations & Métis as a percentage of the total population. ***(show chart here).*** Currently, 79% of KYRHA

employees are self-declared First Nations/ Métis. The RHA also observes that there is a growing population in the region interested in further education and has encouraged this trend over the years through participation in regional career fairs, leading education sessions in schools to expose youth to health careers while providing education on health and safety, providing the Summer Student and Bursary programs, and exploring partnerships with educational institutions to bring training to the region. We believe that continued investment in local training strategies and opportunities and enhancement of exposure to health career opportunities will increase the numbers of region residents pursuing post-secondary education and careers in health services.

- The region has one diabetes Nurse Educator responsible for a population of approximately 12,000 people. With diabetes listed as one of the top three health status challenges in the region with numbers that continue to rise, the RHA will need additional positions to meet the challenge of 'defeating diabetes' in the region.

- The Chronic Disease management Collaborative has been successful in the region uniting our Primary care Provider teams and giving tools for improved case management. The region has worked to implement the "Live Well with Chronic Conditions Program" to provide invaluable education and support to individuals and who are suffering with chronic diseases.

- During the past year, the Region has seen an increase in violence in some of our communities. The violence has impacted our facilities, particularly the La Loche Health Centre. Staff experience verbal abuse by clients, verbal abuse by community residents while walking the community, injury due to physical assault by clients, vandalism and break and entry of property specifically assigned as KYRHA Staff housing. Due to the continued increase of violence in communities, there is a great risk that violent episodes will continue to plague our facilities and employees. To diminish this, risk management strategies and additional resources are needed to ensure facility and staff are safe and secure. The Region has already begun to implement additional safety strategies which include contracting security guard services for the La Loche Health Centre and research into infrastructure changes to the facility to make access to facility more secure.

- The July 2007 Facility Condition Assessment identified a number of our facilities as 'beyond useful life' with a number of critical conditions. The RHA has worked towards addressing the critical conditions. The following top three priority capital projects are:

    - The Beauval Health Centre which is not suitable for appropriate use and lacks accessibility to the mobility impaired. Replacement is needed.

    - Replacement of the Green Lake Health Centre

    - The Regional Office Administration Building in Buffalo Narrows which is inadequate to meet requirements.

Governance and Transparency

Keewatin Yatthé Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the Wholistic Health Services within the geographical area known as the Keewatin Yatthé Health Region. The Authority sets the direction through the strategic plan and through its monthly meetings with management and public.

KYRHA moved from a 12 member Board to seven members in January 2009, with cross regional representation. The Health Authority does not have any formal committees as all discussions occur with the entire Board in attendance. Board committees, if required, are established on an ad hoc basis to deal with specific issues as they arise.

The Chief Executive Officer (CEO) reports directly to the board and is responsible for establishing, recommending, and monitoring all operations under the KYRHA.

The Senior Management team works closely with the CEO and is comprised of the Directors of: Primary Health Services, Community Health Services, Human Resources, Finance, and Corporate Services.

The following is a list of activities that the region has carried out in its commitment to transparency:

- Board meetings are open to the public and are advertised in local newspapers and media outlets in English, Cree, and Dene.
- Board Notes which share the formal discussion points and resolutions made during monthly board meetings are made available both internally and externally
- Meetings are scheduled with the community leaders as needed to discuss various community issues and concerns.
- The use of newsletters (both internally and externally), timely news releases, Public Service Announcements, and the KYRHA website further enhance awareness of the RHA's activities.
- Annual Reports are made available to the public upon request and through the link on the KYRHA website, through college and career fairs, key partnership meetings, and at other regional presentations.
- Managers, coordinators, and front-line service providers attend interagency meetings to gain insight into community issues and to be involved in a team approach to community healing.
- Day Programs, Wellness Clinics, and Friendship Days are provided on a regular basis giving individuals in attendance an opportunity to participate in activities in their own community which focus on health promotion and disease prevention initiatives.
- Maintenance of regional partnerships.
- Commitment to provide individual requests for information in a timely manner.
- Commitment to open and timely communication to regional taxi operators about allocation of medical trips for clients.

- Provision of a Payee Disclosure List as requested by the Saskatchewan Government.
- Policies are in all regional facilities and available to the general public at their request: (1) Representative Workforce Strategy is in the Human Resources Policy (2) Hiring processes are detailed in the Collective Bargaining Agreement and Human Resources Policy.
- Participation on various Provincial Committees to keep abreast of best practices on transparency.
- Participation on Ministry of Health initiatives such as the Patient First Review and Health Quality Council's Accelerating Excellence Program.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

FOR THE YEAR ENDED MARCH 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc which total $50,000 or more.

AGUINALDO, ROSALINA	197,040	DUROCHER, DOROTHY	94,799
ALI, CHINAGORO	101,513	DUROCHER, LIZ	54,963
AWULA, LYDIA	110,743	DUROCHER, MARLENA	59,761
BALLANTYNE, BETSY	90,889	DUROCHER, MARTIN	74,083
BIRKHAM, JOELLE	82,482	DUROCHER, PETER	89,311
BODNARUS, CARLA	80,103	ECARNOT, COREY	52,674
BROWN, KERRIE	62,272	ECHAVEZ, MARILOU I	89,999
BRUNELLE, ELIZABETH	106,371	EFTODA, NYLE	50,442
CAISSE, SHELLY	67,060	ELLIOTT, HILDA	67,679
CAMPBELL, DEBORAH	82,640	ERICSON-LEMAIGRE, WENDY	109,201
CHARTIER, PAUL	56,846	FAVEL, CORINNE	50,547
CLARKE, CATHY M	54,484	FIGURASIN, HYACINTH	114,039
CLARKE, CRYSTAL	94,646	FONTAINE, ALICIA	66,335
CLARKE, IRIS	83,783	FONTAINE, GABRIELLE	61,530
CLARKE, SANDRA	79,064	FORDE, MAUDLIN	90,069
COOK, MARK	104,260	GARDINER, BRENDA	60,964
CORRIGAL, ANNA	89,301	GARDINER, CHRISTINE	86,365
COTE, KATHLEEN	92,726	GARDINER, MELANIE	67,509
DAIGNEAULT, DIANIA	51,172	GARDINER, ROBERT	54,273
DAIGNEAULT, LENA	52,026	GARDINER, SHERI	74,547
DAIGNEAULT, ROBERT	76,437	GAUTHIER, RAE-ANN	57,094
DE LOS REYES, SONIA	113,338	GORDON, CALLA	65,518
DESHARNAIS, SIMONNE	90,810	HANSEN, CINDY	70,558
DUROCHER, AMY	70,605	HANSON, BRENDA	76,320

HANSON, JOLENE	64,874
HERMAN, DEAN	101,283
HERMAN, JUDY	55,484
HERMAN, KEVIN	51,127
HERMAN, SIMONE	96,906
HURD, SHELLY	84,482
JANVIER, BETTY	50,462
JANVIER, EDWINA	56,045
JANVIER, KYLIE	62,701
JANVIER, RITA	51,597
JOHNSON, LORRAINE	74,254
KELLER, GRACE	168,047
KIMBLEY, SHARON	53,452
KISSICK, MARGARET	76,279
KOSKIE, MEGAN	58,104
KYEI, JOYCE	105,153
KYPLAIN, MARLENE	50,579
LAFLEUR, LEANNE	54,750
LARIVIERE, ANN	115,378
LEMAIGRE, ANTOINETT	81,794
LEMAIGRE, ROSANNE	55,854
LISTOE, EILEEN	111,218
MALBEUF, ELAINE	95,814
MATERNE, ROWENA	83,986
MCCALLUM, ROSE	50,990
MCENTEGART, MYRTLE	85,015
MCGAUGHEY, CALVIN	81,045
MIDGETT, LORI	128,911
MONTGRAND, GLENDA	80,655
MONTGRAND, VICTORINA	56,966
MORIN, APRIL	70,210
MORIN, DARRYL	76,790
MORIN, IDA	97,450
MORIN, SHAELENE	74,414
MUENCH, LYLA	99,669
MUNSTERS, EDITH	101,468
PALMIER, DEANNA	55,502
PEDERSEN, LINDA	71,787
PEDERSEN, PHYLLIS	106,882
PERREAULT, ARMANDE	80,411
PETIT, RICHARD	113,935
PICHE, CAROL	77,230
RATT, JOCELYN	54,318
REDIRON, SANDY	119,756
RIEMER, ANN	69,642
ROMANOW, TERRY	79,614
ROY, CHARLENE	61,421
ROY, LORRAINE	64,629
SERIGHT, EVA	53,677
SERIGHT-GARDINER, PEARL	144,039
SHATILLA, DENNIS	62,772
SHEWCHUK, JANET	53,522
SOLOMON, ZACHERY	105,701
SOLWAY, LORETTA	57,805
SOROKAN, STACEY	87,685
SPARKES, STACY	64,843
THOMPSON, MARLENE	93,398
UMPHERVILLE, WANDA	64,953
WALLACE, ROBIN	132,861
WELWOOD, MICHAEL	54,861
WENZEL, BONNIE	118,562
WESELOWSKI, TESSA	65,810
WILKINSON, RYAN	81,877
WOODS, DORIS	68,553

"Wholistic Health of Keewatin Yatthé Health Region Residents"

May 6, 2009

KEEWATIN YATTHÉ HEALTH REGION

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to both Management and the Board of Directors. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Richard Petit
Chief Executive Officer

M. Cook
Mark Cook
Executive Director of Finance

2008-09 Financial Report

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2009 and the statements of operations and changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Prince Albert, Saskatchewan
May 6, 2009

Chartered Accountants

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2009

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2009	Total 2008 (Note 9)
ASSETS					
Current assets					
Cash and short-term investments (Statement 2)	$ 4,535,373	$ 306,046	$ -	$ 4,841,419	$ 3,432,650
Accounts receivable					
Saskatchewan Health - General Revenue Fund	130,930	380,439	-	511,369	505,739
Other	647,505	9,728	-	657,233	678,387
Inventory	354,243	-	-	354,243	324,071
Prepaid expenses	80,699	-	-	80,699	122,908
	5,748,449	696,513	-	6,444,961	5,061,555
Investments (Note 2, Schedule 2)	4,657	1,012	-	5,669	-
Capital assets (Note 3)	-	25,996,464	-	25,996,464	26,339,744
Total Assets	$ 5,753,105	$ 26,693,989	$ -	$ 32,447,094	$ 31,401,299
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 2,070,094	$ 152,372	$ -	$ 2,222,466	$ 1,307,050
Accrued salaries	232,260	-	-	232,260	620,468
Vacation payable	1,633,295	-	-	1,633,295	1,307,881
Current portion of capital lease obligation	-	-	-	-	-
Deferred revenue (Note 5)	1,402,754	-	-	1,402,754	895,541
	5,338,403	152,372	-	5,490,775	3,930,940
Long term liabilities	-	-	-	-	-
Total Liabilities	5,338,403	152,372	-	5,490,775	3,930,940
Fund Balances					
Invested in capital assets	-	25,996,464	-	25,996,464	26,339,744
Externally restricted (Schedule 3)	-	-	-	-	-
Internally restricted (Schedule 3)	-	545,153	-	545,153	703,211
Unrestricted	414,702	-	-	414,702	427,404
Fund balances – (Statement 2)	414,702	26,541,617		26,956,319	27,470,359
Total Liabilities & Fund Balances	$ 5,753,105	$ 26,693,989	$ -	$ 32,447,094	$ 31,401,299

Commitments (Note 4)
Pension Plan (Note 10)

Approved on behalf of the Board of Directors

The accompanying notes and schedules are part of these financial statements.

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2009

	Operating Fund			Restricted			
	Budget 2009 (Note 11)	2009	2008 (Note 5)	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008 (Note 5)
REVENUES							
Saskatchewan Health - general	$ 20,156,17[illegible]	$ 21,287,802	$ 19,477,096	$ 607,049	$ -	$ 607,049	$ 488,422
Other provinces							
Federal government	75,000	175,166	75,000	-	-	-	-
Funding from other provinces				-	-	-	-
Special funded programs	296,643	291,151	263,212		-	-	-
Patient fees	977,000	1,166,249	959,386		-	-	-
Out of province (reciprocal)					-	-	-
Out of country	-					-	
Donations	-			4,503	-	4,503	190,410
Investment	50,000	82,394	102,348	1,056		1,056	14,019
Ancillary	-	-	-				
Recoveries	131,500	155,673	241,092				21,545
Unrealized gain - financial instruments	-	-	-			-	
Other	7,000	103,410	87,107				
Total revenues	21,636,314	23,261,909	21,204,854	612,608		612,608	714,396
EXPENSES							
Province-wide acute care services	33,736	27,880	54,553			-	-
Acute care services	7,971,828	8,472,128	7,811,683	536,132		536,132	399,115
Provincial undesignated - acute	60,000	45,000	232,787				-
Supportive care services	1,275,652	1,605,952	1,393,962	443,540		443,540	351,724
Home based services - supportive care	1,220,552	1,205,725	1,219,515	-		-	
Population health services	[illegible]	[illegible]	[illegible]	20,370		20,370	18,769
Community care services	2,254,430	2,306,201	1,682,782	1,383		1,383	2,136
Home based services - acute & palliative	-	-	-	983	-	983	618
Primary health care services	2,011,043	1,855,507	1,938,932	15,758	-	15,758	17,615
Emergency response services	1,707,694	2,182,216	1,640,989	3,004	-	3,004	41,066
Mental health services - inpatient/residential	-	-	-		-	-	
Addictions services - residential	414,550	493,641	347,661	1,070	-	1,070	751
Physician compensation - contracts		-	-		-	-	
Program support services	2,496,117	2,655,050	2,264,062	34,033		34,033	19,771
Special funded programs	126,255	107,899	126,962			-	
Unrealized loss - financial instruments		-	-				
Ancillary	90,577	88,302	91,201				
Total expenses (Schedule 1)	21,636,314	23,166,205	21,662,097	1,133,946		1,133,946	827,640
Excess (Deficiency) of revenues over expenses	$ -	(17,702)	39,754	(521,338)		(521,338)	(113,244)
Fund balances, beginning of year		427,404	387,650	27,062,955		27,062,955	27,176,199
Inter-fund transfers		-		-			
Fund balances, end of year		$ 414,702	$ 427,404	$ 26,541,617	$ -	$ 26,541,617	$ 27,062,955

The accompanying notes and schedules are part of these financial statements.

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2009

	Operating Fund		Restricted Fund			
	2009	2008 (Note 9)	Capital Fund	Community Trust Fund	Total 2009	Total 2008 (Note 9)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ (12,702)	$ 39,754	$ (501,338)	$ -	$ (501,338)	$ (112,146)
Net change in non-cash working capital (Note 6)	1,420,497	377,156	164,701	-	164,701	2,182,205
Amortization of capital assets	-	-	1,139,036	-	1,139,036	836,433
Investment income on long-term investments	-	-	-	-	-	
Gain (loss) on disposal of capital assets	-	-	(25,062)	-	(25,062)	(8,882)
	1,407,795	416,910	777,337	-	777,337	2,896,609
Purchase of capital assets						
Buildings/construction	-	-	(251,014)	-	(251,014)	(1,428,201)
Equipment	-	-	(568,951)	-	(568,951)	(960,954)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	
Equipment	-	-	20,301	-	20,301	25,301
Disposal (Purchase) of long-term investment	14,697	-	(11,012)	-	(11,012)	-
	14,697	-	(771,676)	-	(771,676)	(4,363,774)
Repayment of debt	-	-	-	-	-	-
Net increase (decrease) in cash & short term investments during the year	1,403,138	416,910	5,631	-	5,631	(1,467,165)
Cash & short term investments, beginning of year	3,132,235	2,715,325	300,415	-	300,415	1,767,580
Interfund transfers	-	-	-	-	-	
Cash & short term investments, end of year (Schedule 2)	$ 4,535,373	$ 3,132,235	$ 306,046	$ -	$ 306,046	$ 300,415

The accompanying notes and schedules are part of these financial statements.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2009

1. **Legislative Authority**

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of *The Act*. The Keewatin Yatthé RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. **Significant Accounting Policies**

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Patient fees are recognized in the period for which the goods or services are provided.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 ½% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

e) Inventory

Inventory consists of general stores, pharmacy and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Keewatin Yatthe Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthe Regional Health Authority expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009 (2008 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.
The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates, Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

3. Capital Assets

	March 31, 2009			March 31, 2008
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 20,170	$ -	$ 20,170	$ 20,170
Land Improvements	26,979	26,979	-	-
Buildings	27,736,184	3,491,294	24,246,890	24,864,019
Equipment	4,712,403	2,982,999	1,729,404	1,455,554
	$ 32,497,736	$ 6,501,272	$ 25,996,464	$ 26,339,744

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2009 commitments for acquisition of capital assets were $81,986 (2008 - $195,965).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2010	$ 880,957
2011	880,957
2012	880,957
2013	880,957
2014	880,957

c) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

5. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Training	$ 12,200	$ -	$ -	$ 12,200
Advance Skill Assessment Development	41,379	41,379	-	-
Chief of Staff	24,000	-	-	24,000
Children's Mental Health Services Plan	38,000	-	11,269	49,269
EMS Registrants	-	-	7,525	7,525
Enhanced Autism Services	-	-	75,000	75,000
Graduate Nurse Mentorship	-	-	17,100	17,100
HIPA	26,175	-	-	26,175
Home Care STA	10,238	-	-	10,238
Integrated Case Management Training	-	-	15,000	15,000
New Alcohol & Drug Initiatives	223,113	-	51,555	274,668
Nurse Recruitment	-	-	176,309	176,309
Nursing Safety Training Initiative	13,324	-	-	13,324
Primary Health Care - Facilitator	102,936	-	71,308	174,244
Primary Health Care - Nurse Practitioner	141,954	-	87,538	229,492
Primary Health Care - Pharmacist	20,000	-	-	20,000
Primary Health Care - Team Development	81,246	-	59,893	141,139
Professional Development	65,159	65,159	-	-
Workforce Planning Initiatives	55,265	26,418	35,062	63,909
Total Sask Health	$ 854,989	$ 132,956	$ 607,559	$ 1,329,591
Non Sask Health Initiatives				
Cognitive Disability	$ 20,938	$ -	$ 32,615	$ 53,553
MCRRHA	19,609	-	-	19,609
Total Non Sask Health Initiatives	$ 40,547	$ -	$ 32,615	$ 73,162
Total Deferred Revenue	$ 895,535	$ 132,956	$ 640,175	$ 1,402,754

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
(Increase) Decrease in accounts receivable	$ 997	$243,392	$ 12,329	$ -	$ 12,329	$ 3,962,061
(Increase) Decrease in inventory	(30,172)	119,436	-	-	-	-
(Increase) Decrease in prepaid expenses	42,209	(45,095)	-	-	-	-
(Increase) Decrease in financial instruments	-	-	-	-	-	-
Increase (Decrease) in accounts payable	963,038	53,051	152,372	-	152,372	(1,779,856)
Increase (Decrease) in accrued salaries	(388,208)	209,816	-	-	-	-
Increase (Decrease) in vacation payable	325,414	217,044	-	-	-	-
Increase (Decrease) in deferred revenue	507,219	(420,488)	-	-	-	-
	$ 1,420,497	$377,156	$164,701	$ -	$164,701	$ 2,182,205

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009, was $5,183 (2008 - $705). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

Accounts Payable	2009	2008
Ile a la Crosse School Division	$ 207	$ 67,707
Mamawetan Churchill River Regional Health Authority	110,540	82,540
Prairie North Regional Health Authority	114,765	665
Saskatchewan Association of Health Organizations	14,393	56,863
Saskatchewan Government Services	67,094	19,252
Saskatchewan Health Employee Pension Plan	109,089	118,019
Saskatchewan Worker's Compensation Board	157,763	-

Expenses	2009	2008
Ile a la Crosse Development Corporation	$ 80,610	$ 80,160
Ile a la Crosse School Division	175,265	78,660
La Loche Non-profit Housing Corporation	65,904	62,880
Mamawetan Churchill River Regional Health Authority	110,540	82,720
North Sask Laundry	100,495	86,924
Northlands College	59,880	73,598
Prairie North Regional Health Authority	182,189	16,929
Public Employees Pension Plan	54,324	60,323
Saskatchewan Association of Health Organizations	613,306	587,316
Saskatchewan Government Insurance	62,163	63,429
Saskatchewan Government Services	651,712	583,623
Saskatchewan Health Employee Pension Plan	1,140,450	1,081,959
Saskatchewan Housing Corporation	80,782	682,168
Saskatchewan Power Corporation	117,411	129,189
Saskatchewan Telecommunications	161,283	249,806
Saskatchewan Worker's Compensation Board	292,100	268,591

Accounts Receivable	2009	2008
Ile a la Crosse School Division	$ 49,012	$ 86,289
Kids First North	184,000	166,500
Northern Medical Services	-	88,534
Saskatchewan Health Northern Transportation	119,896	53,749

Revenue	2009	2008
Kids First North	$ 184,000	$ 184,000
Saskatchewan Health Northern Transportation	283,797	288,395

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

9. **Comparative Information**

Certain 2007-08 balances have been reclassified to conform to the current year's presentation.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans

1. **Saskatchewan Healthcare Employees' Pension Plan** (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense for the year amounted to $676,540 (2008 - $598,793) and is included in benefits in Schedule 1.

	2009				2008
	SHEPP1	PSSPP	EPP	Total	Total
Number of active members	273	-	9	282	262
Member contribution rate, % of salary	6.0%-7.3%*	-	6.0%-7.3%*		
RHA contribution rate, % of salary	6.6%-8.2%*	-	6.6%-8.2%*		
Member contribution (thousands of dollars)	599	-	28	627	523
RHA contributions (thousands of dollars)	668	-	28	696	597

* Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leave of absence as of March 31,2009 inactive members are transferred to SHEPP and not included in these results

11. Budget

The Regional Health Authority Board approved the 2008-2009 operating and capital budget plans on May 22, 2008.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

d) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2008 - $500,000) with an interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2009 was $0 (2008 - $0). This line-of-credit was approved by the Minister in 1999.

13. Volunteer Services

The operations of the Keewatin Yatthe Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the UE Dispute Resolution Tribunal (Tribunal). There still remain a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

15. Capital Disclosure

The Keewatin Yatthé Regional Health Authority's objective when managing capital is to safeguard the entity's ability to continue as a going concern, and plan for the replacement of equipment so that it can continue to provide health services. The Authority insures all assets and maintains assets through multi year capital equipment and capital management plans that are supported by a capital infrastructure review. The Authority manages the following capital elements:

Investment in capital assets	$ 25,996,464
Internally restricted reserves	545,153

SCHEDULE 1

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2009

	Budget 2009	Actual 2009	Actual 2008
Operating:			
Board costs	$ 151,112	$ 139,785	$ 144,999
Compensation - Benefits	2,466,600	2,387,423	2,198,571
Compensation - Salaries	13,994,742	15,352,959	14,051,636
Diagnostic imaging supplies	23,350	20,428	18,594
Drugs	203,762	209,182	265,613
Food	213,526	263,578	224,038
Grants to ambulance services	-	-	-
Grants to third parties	130,000	139,100	130,000
Housekeeping and laundry supplies	165,248	151,078	162,337
Information technology contracts	14,000	22,452	11,980
Insurance	90,308	84,594	74,656
Interest	-	238	394
Laboratory supplies	137,100	106,315	161,061
Medical and surgical supplies	308,241	343,916	306,777
Medical remuneration and benefits	342,850	619,143	484,609
Office supplies and other office costs	319,287	297,597	304,089
Other	628,874	615,215	607,679
Other referred out services	10,900	8,289	9,831
Professional fees	236,763	208,470	372,820
Prosthetics	-	-	-
Purchased services	174,206	191,127	170,572
Rent/lease costs	688,450	820,738	760,532
Repairs and maintenance	246,616	159,781	232,234
Service contracts	68,886	95,144	89,396
Travel	524,842	554,236	438,290
Utilities	556,651	467,117	411,392
	$ 21,696,314	$ 23,258,405	$ 21,602,100
Restricted:			
Amortization		$ 1,139,006	$ 836,422
Loss/(Gain) on disposal of fixed assets		(25,062)	(8,882)
Mortgage Interest Expense		-	-
Other		-	-
		$ 1,113,944	$ 827,540

SCHEDULE 2

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2009

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments				
Cash and Short Term				
Chequing and Savings:				
Innovation Credit Union	$ 42		Prime - 2.14%	
Chequing : Innovation Credit Union	306,004			
	306,046			
Term Deposits:				
	-			
	-			
Total Cash & Short Term Investments	306,046			
Long Term				
Innovation Credit Union Equity	1,012			
Total Long Term Investments	1,012			
Total Restricted Investments	$ 307,058			
Unrestricted Investments				
Cash and Short Term				
Chequing : Innovation Credit Union	4,251,907		Prime - 2.14%	
Chequing : Bank of Montreal	82,566			
Term Deposit : Innovation Credit Union	200,000		0.31%	
Petty Cash	900			
Total Cash & Short Term Investments	4,535,373			
Long Term				
Innovation Credit Union Equity	4,657			
Total Long Term Investments	4,657			
Total Unrestricted Investments	4,540,030			
Total Investments	$ 4,847,088			
Restricted & Unrestricted Totals				
Total Cash & Short Term	4,841,419			
Total Long Term	5,669			
Total Investments	$ 4,847,088			

SCHEDULE 3

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY and EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

INTERNALLY RESTRICTED FUNDS

	Balance, Beginning of Year	Revenue	Investment Income	Transfer to Investment in Capital Assets	Balance, End of Year
Capital Fund	$ 307,211	$ 611,552	$ 1,054	$ (170,664)	$ 545,153

EXTERNALLY RESTRICTED FUNDS

	Balance, Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Assets	Balance, End of Year
	$ -	$ -	$ -	$	$	$
TOTAL EXTERNALLY RESTRICTED REVENUE	$ -	$ -	$ -	$ -	$ -	$ -

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULES OF

BOARD MEMBER REMUNERATION
for the year ended March 31, 2009

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2009 TOTAL	2008 TOTAL
Chair Person								
David Seright	$ 8,500	$ 7,350	$ 2,519	$ 4,534	$ 555	$ 766	$ 24,228	$ 20,364
Georgina Jolibois	-	1,650	467	770	-	115	2,998	
Members								
Gloria Apesis	-	1,675	1,300	2,339	-	63	5,379	6,440
Arthur Daigneault	-	1,500	948	1,762	-	10	4,220	10,214
Duane Favel	-	9,968	1,857	4,291	450	253	12,788	11,366
Lester Iserhoff	-	3,450	2,274	3,603	500	212	10,019	7,819
Joan Janvier	-	3,625	1,893	2,570	500	220	8,814	10,930
Stella Laliberte	-	1,000	278	3,431	-	40	4,749	4,082
Yvette Daigneault	-	2,050	284	433	-	56	2,823	4,047
Annette Monigrand	-	4,950	3,431	1,069	600	353	10,403	13,371
Leroy Monigrand	-	2,625	1,099	118	600	96	3,887	9,907
Irene Pederson	-	400	108	165	-	-	652	3,392
Tina Rasmussen	-	4,425	2,442	4,903	1,200	228	12,296	9,633
Elmer Campbell	-	1,025	479	866	-	73	2,392	-
Barbara Hall	-	825	368	702	-	59	1,954	-
Robert Woods	-	1,050	567	622	-	80	2,319	-
TOTAL	$ 8,500	$ 42,968	$ 20,147	$ 31,281	$ 4,405	$ 2,583	$ 109,890	$ 135,833

SCHEDULE 4A

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2009

	2009					2008		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Richard Petit, CEO - Start Mar 1/08	113,935	140	114,075	-	114,075	9,233	-	9,233
Elaine Malbeuf, Director of Community Based Services	95,814	66	95,880	-	95,880	82,389	-	82,389
Wendy Ericson-Lemaigre, Director of HR	109,201	66	109,267	-	109,267	92,872	-	92,872
Zachary Solomon, Director of Primary Care Start Jan 2/08	105,701	66	105,767	-	105,767	23,380	-	23,380
Richard Petit, Director of Corporate Services - End Feb 29/08	-	-	-	-	-	90,633	-	90,633
Roberta Malcolm, Director of Corporate Services - Start Jun 2/08	69,813	50	69,863	-	69,863	-	-	-
Mark Cook, Director of Finance	104,260	66	104,326	-	104,326	91,178	-	91,178
Total	$ 660,053	$ 520	$ 660,573	$	$660,573	$ 454,211	$ -	$ 454,211

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc. As well as any other taxable benefit.

Appendix I

Staff Recognition Awards - recognizing achievements in the 2008-09 year

This year, 38 KYRHA employees were recognized for reaching the significant milestones of employement with the RHA of 5 - 20 years. The evening included a wonderful buffet meal, prize draws, special activities, music, and other recogniztion awards. KYRHA Board members were present to join in the celebration and to assist in presenting the awards.


KEEWAYTIN TATTINE
REGIONAL HEALTH AUTHORITY
Welcome
Board & Staff
Recognition
Ceremony
March 19, 2009

Appendix II

Highlights of 2008-09

The following photographs celebrate some of the special activities and events of the year. Captions describe photos from top to bottom and from left to right.

1) Mayor Duane Favel, of Ile-a-la-Crosse cuts the ribbon officially opening the Family Healing Unit at St. Joseph's Health Centre.
2) Associate Deputy Minister of Health, Gren Smith-Windsor, during his visit to the Keewatin Yatthé Health Region.
3) Geraldine Werminsky Community Health Educator/Outreach Worker (standing at far left) with the Living Well With Chronic Conditions Volunteer Peer Leader Training Program participants and their instructors during the April 2008 session.

4) The RHA was very pleased to donate a unit that could no longer be used as part of the ambulance fleet. The ambulance went to the La Loche Fire Department and they were

thankful to receive the donation and refurbished the unit to suit their needs.
5) KYRHA employees participated in the Community Sport Relay of the Buffalo Narrows Summer Festival. Carla Bodnarus, CPNP & Public Health Nutritionist, coordinated the team participation and shared her congratulations after a fun event: *A big "thank- you" to many of the KYRHA staff that came out to cheer on the teams (Cathy M Clarke even brought a pom-pom)! Your support was greatly appreciated! Thank you to the ambulance staff for your attendance at the relay and close monitoring of the participants on the relay course.*

1) KYRHA's entry to the Buffalo Narrows Christmas Parade. The "float" was decorated in the ambulance bay and the gang bundled up as elves.
2) Sister Simone Desharnais cuts her cake at her retirement party at the La Loche Health Centre. Sister Simone served as a nurse in the region for almost 10 years.
3) Every year, the gang at the Buffalo Narrows Clinic helps out Home Care to host the Annual Senior's Christmas Banquet. They are pictured here next to a table loaded with Christmas cooking to serve at the banquet.

The Northern Leadership Forum was hosted by the Northern Health Strategy (NHS) on June 11 & 12, 2008. Part of the program included presentations for the Northern Health Leadership Awards in which three KYRHA employees were awardees: Geraldine Werminsky, Liz Durocher, and Lori Midgett.

Peter Durocher, EMS was also presented with a Certificate of Recognition from KYRHA. The certificate read: in honour and appreciation of your exemplary act of service and bravery. Performing with skill, under emergency conditions during a record-breaking snow storm, you showed great leadership and went above and beyond the call of duty which resulted in the sustaining and saving of human life in Ile-a-la-Crosse, Saskatchewan on Sunday, April 22, 2008. The Region is very grateful and proud to have you on our team of health services delivery professionals.

Pictured above:

1) Discussions during the Leadership Forum
2) Lori Midgett
3) Liz Durocher
4) Geraldine Werminsky
5) Peter Durocher

1 & 2) Crystal Clarke (standing far left), Public Health Nurse, coordinated a child seat safety clinic together with members of the EMS.

3 & 4) Buffalo Narrows Clinic partnered with Twin Lakes School to host the PARTY Program – a program aimed at teens to provide education to help prevent alcohol related accidents.

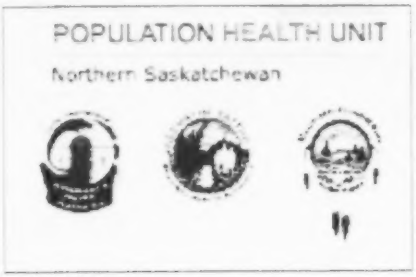
5) Martin Durocher (seated on stage), Suicide Prevention Worker, is a regular presence at the Annual South Bay Youth Conference.

The Commemoration of the unveiling of the Legacy History & Donor Wall at St. Joseph's Health Centre in the Ile-a-la-Crosse Integrated Services Centre. The facility is rooted in and inspired by the philosophy of education, health and wellness, and community service and development.

1) Mr. Lawrence Daigneault at the Legacy Wall sharing some words about his late wife, Rose Daigneault and why she was so passionate about improving the lives of the people of the region and how this was very evident during her time as the Chairperson of the Board. 2) Family of the late Paul "Old Hat" Morin of Turnor Lake, in front of the legacy wall honouring Paul for his service as a Board member of KYRHA. 3) John Janvier, Board Member (left) and Max Morin, former Chair of the Board (right) in front of the section of the wall dedicated to the history of health services in Ile-a-la-Crosse. 4) Michelle Morin, daughter of the late Louis Morin of Jans Bay shares some words about her father, his compassion towards people, and the wonderful humor he had.

Appendix III

Key KYRHA Partnerships



Population Health Unit

The Population Health Unit provides leadership, support, expertise, and specialized public health and population health services to the three northern health authorities under a Co-Management Agreement.
The Population Health Unit staff include: the Communicable Disease/ Immunization Nurse; Dental Health Educator/Technical Consultant; Director; Environmental Health Manager; Environmental Health Protection Coordinator; two Medical Health Officers; Nurse Epidemiologist; five Public Health Inspectors; Chronic Disease Control Nurse; Public Health Nutritionist; and Support Staff. An Infection Control Practitioner, LPN - CD Assistant, and Prenatal Nutrition Coordinator provided additional service on a temporary basis in 2008-9.
The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention
- Health surveillance and health status reporting
- Legislated mandate under the Public Health Act (2004) and regulations
- Liaison, consultation and advice
- Population and public health program planning and evaluation
- Population health promotion (advocacy for healthy public policy, community development, health education)

Website: http://www.mcrrha.sk.ca/programs/population-health.php

Northern Health Strategy (NHS)

NHS creates opportunities for key northern partners to come together to discuss cross-jurisdictional issues that create barriers for clients who get caught between agencies. Through these opportunities for discussions, sound recommendations in the areas of chronic disease, mental health and addictions, community development, and oral health have been collected.
Website: www.healthnorth.ca

Northern Medical Services

Northern Medical Services employs a unique team approach, working toward equitable, accessible health care in a geographically and culturally distinct setting. It is one of three divisions of the Department of Academic Family Medicine, University of Saskatchewan. In northern communities the physician's role is much more than the clinical care of patients. Liaison with other health-care personnel, local community committees and other agencies providing services to the community is essential. NMS works cooperatively with both Regional Health Authority Boards and Tribal Councils in the provision of these services.
Website: http://www.northerndocs.com/